

<b>Case Number:</b>	CM15-0035148		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 35 year old male who sustained an industrial injury on 11/07/2013. He has reported mid and low back pain with sciatica, and has complaints of insomnia. Diagnoses include thoracic spine, lumbar sprain, lumbosacral radiculitis, and sciatica. Treatment to date includes physical therapy, chiropractic treatment, pain management, and activity modification. The IW has also been taking of Naproxen, Norco, Cyclobenzaprine, and Pantoprazole. A progress note from the treating provider dated 12/04/2014 indicates the worker is having parathoracic myospasm bilaterally from T1-T12, the lumbar spine and lower back has tenderness and myospasm over the bilateral paralumbar muscles. Tenderness is palpable in the sciatic notches. There was no tenderness or myospasm in the cervical spine or bilateral shoulders. Testing and procedures include a MRI of the lumbar spine in May 2014 that revealed a 6 mm herniation to the S1 and L4-L5 and EMG on 1/13/14 that was abnormal. Treatment plans include medication refills. Per the doctor's note dated 1/14/15 patient had complaints of pain in lumbar and thoracic region with stiffness and weakness. Physical examination of the thoracic and lumbar spine revealed limited range of motion and strength. Patient sustained the injury due to slip and fall incident. He has had a urine drug toxicology test.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cyclobenzaprine (Flexeril) 10mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Request: Cyclobenzaprine (Flexeril) 10mg #60. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." Diagnoses include thoracic spine, lumbar sprain, lumbosacral radiculitis, and sciatica. A progress note from the treating provider dated 12/04/2014 indicates the worker is having parathoracic myospasm bilaterally from T1-T12, the lumbar spine and lower back has tenderness and myospasm over the bilateral paralumbar muscles. Tenderness is palpable in the sciatic notches. The patient has had a MRI of the lumbar spine in May 2014 that revealed a 6 mm herniation to the S1 and L4-L5 and EMG on 1/13/14 that was abnormal. Treatment plans include medication refills. Per the doctor's note dated 1/14/15 patient had complaints of pain in lumbar and thoracic region with stiffness and weakness. The patient has evidence of muscle spasms. Therefore, the request for Cyclobenzaprine (Flexeril) 10mg #60 is medically necessary and appropriate for prn use during exacerbations.

**Ultracet (Tramadol/APAP) 37.5/325mg #100: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78, 84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75, Central acting analgesics: Page 82, Opioids for neuropathic pain.

**Decision rationale:** Ultracet (Tramadol/APAP) 37.5/325mg #100. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain, and for treatment of episodic exacerbations of severe pain. Diagnoses include thoracic spine, lumbar sprain, lumbosacral radiculitis, and sciatica. A progress note from the treating provider dated 12/04/2014 indicates the worker is having parathoracic myospasm bilaterally from T1-T12, the lumbar spine and

lower back has tenderness and myospasm over the bilateral paralumbar muscles. Tenderness is palpable in the sciatic notches. The patient has had a MRI of the lumbar spine in May 2014 that revealed a 6 mm herniation to the S1 and L4-L5 and EMG on 1/13/14 that was abnormal. Per the doctor's note dated 1/14/15 patient had complaints of pain in lumbar and thoracic region with stiffness and weakness. Patient is already taking a NSAID and a muscle relaxant. The patient has chronic pain with documented evidence of objective abnormalities and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Ultracet (Tramadol/APAP) 37.5/325mg #100 is deemed as medically appropriate and necessary.