

<b>Case Number:</b>	CM15-0035770		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 49 year old female, who sustained an industrial injury on 2/10/11. She has reported pain in the neck and bilateral upper extremities. The diagnoses have included cervical radiculopathy, bilateral elbow tendinitis and multilevel degenerative disc disease. Treatment to date has included lumbar MRI, cervical epidural injection, elbow brace and pain medications. As of the PR2 dated 12/23/14, the injured worker reports numbness in the hand better after left carpal tunnel release on 10/30/14. The treating physician noted no pain with motion of digits and able to flex and extend all digits without pain. The treating physician requested to continue Tramadol 50mg #60 and Flexeril 10mg #60. On 2/6/15 Utilization Review received a request for review of Tramadol 50mg #60 and Flexeril 10mg #60. The utilization review physician non-certified the request and cited the MTUS guidelines for opioid use. On 2/25/15, the injured worker submitted an application for IMR for review of Tramadol 50mg #60 and Flexeril 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The request is for TRAMADOL 50MG #60. Per 12/23/14 progress report, the patient is currently taking Tramadol, Meloxicam, Omeprazole and Flexeril. The patient returns to modified work on 12/23/14 with restrictions. The patient has been utilizing Tramadol since at least 08/26/14. The patient underwent 5 urine drug screenings between 08/11/14 and 01/30/15. The results of urine drug screenings are provided. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater has addressed urine drug screenings. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed. There is no analgesia assessment with pain scales with or without medication; no improvement with any specific ADL's are mentioned. The request IS NOT medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The request is for FLEXERIL 10MG #60. Per 12/23/14 progress report, the patient is taking Tramadol, Meloxicam, Omeprazole and Flexeril. The patient returns to modified work on 12/23/14 with restrictions. MTUS guidelines page 63-66 states: "Muscle relaxants --for pain--: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine --Flexeril, Amrix, Fexmid, generic available--: Recommended for a short course of therapy." In this case, this patient started utilizing this medication prior to 08/26/14. There is no discussion regarding this medication's efficacy. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare up's. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request IS NOT medically necessary.