

<b>Case Number:</b>	CM14-0145056		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/07/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 has a date of injury on 3/7/2006. No noted mechanism of injury was provided in the records for review. The patient has a diagnosis of lumbar degenerative disc disease, thoracic sprain and knee sprain. Medical reports reviewed. The last report was available 9/15/14. Patient complains of low back pain and L knee pain. L knee pain is claimed to be worsening. Pain is 7/10. The patient claims cyclobenzaprine is "very helpful" for managing muscle spasms when taken as needed and intermittently. Medications reportedly improve pain by 50% and maintain activity of daily living. No side effects reported. Has a pain contract. Objective exam only notes diffuse tenderness to lumbar region with spasms. An MRI(9/9/14) reportedly reveals focal grade medial trochlea chondromalacia and mild medial meniscus degeneration. Medication reportedly is Tramadol, Cyclobenzaprine and Mentherm. Reportedly undergoing home exercise program and TENS. An independent Medical Review is for Tramadol ER 150mg #30 and Cyclobenzaprine 7.5mg #60 and Mentherm #120g. A prior UR dated 8/20/14 was deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30 (two months supply):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation required by MTUS. Patient has reported improvement in pain and is reportedly able to function with pain medications. The numbers of tablets are appropriate. Tramadol is medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. The patient has noted muscle spasms and chronic pain with provider documenting that it is "very helpful" for muscle spasms. However, the number of tablets prescribed is also not appropriate for short term use or intermittent use. Cyclobenzaprine is not medically necessary.

**Menthoderm 120mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Mentoderm is a topical product containing Methyl-salicylate and menthol. Methyl-Salicylate is a topical Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain Guidelines, most recommendation for topical analgesics is related to neuropathic pains. Topical NSAIDs may be useful in chronic musculoskeletal pains especially osteoarthritic pain in shoulders, hip, wrist, knees etc. The injured worker has chronic pains especially in the back and knee that is reportedly effective; however MTUS recommends short term (4-12 weeks) while the patient has reportedly been using this for much longer time period. The long term continued use of Mentoderm is not medically necessary.