

<b>Case Number:</b>	CM14-0147540		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 36-year-old female was reportedly injured on March 5, 2013. The mechanism of injury was noted as repetitive stress. The most recent progress note, dated July 30, 2014, indicated that there were ongoing complaints of sharp pain in both wrists. The claimant was documented as taking both Lorzone and Ultram and these medications are "working well." The physical examination documented tenderness and swelling in both wrists. Tinel's sign was negative. Diagnoses include tenosynovitis, cervical strain, and carpal tunnel syndrome. The clinician recommended refill of medications. Lorzone was also being utilized dating back to at least January 20, 2014. Ultram has been utilized since at least January 20, 2014. Electrodiagnostic studies were previously performed on April 16, 2013 and were negative. Previous treatment included muscle relaxants, oral analgesics, physical therapy and electrodiagnostic studies. A request had been made for Lorzone and Ultram and were not certified in the pre-authorization process on August 16, 2014. Partial certification for Tramadol is provided for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorzone 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lorzone (Chlorzoxaxone).

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

**Decision rationale:** The MTUS supports the use of non-sedating muscle relaxants as a 2nd line option for the short-term treatment of acute exacerbations in chronic pain. Based on the clinical documentation provided, there is no evidence of spasm on the most recent examination. Additionally, the claim has been utilizing this class of medications since at least January 2014. The clinician has not cited exceptional factors that would warrant deviation from the guidelines. As such, the request is considered not medically necessary.

**Ultram 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol); and Opioids, Criteria for the Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**Decision rationale:** The MTUS supports the use of opiates for management of neuropathic type pain. Based on clinical documentation provided, the claimant has complaints of wrist pain, but there is no evidence of neuropathic type pain on examination and previous electrodiagnostic studies were normal. Additionally, the most recent progress notes documented improved pain control or function with the current opioid medication and there is no indication that urine drug screens have recently been performed. As such, the requested Ultram is considered not medically necessary.