

<b>Case Number:</b>	CM14-0155001		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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:

According to the records made available for review, this is a 31-year-old male with an 8/9/12 date of injury. At the time (8/26/14) of request for authorization for Tramadol HCL 50 mg # 60 and Flexeril 5 mg # 30, there is documentation of subjective (neck pain, right shoulder pain, and face pain) and objective (restricted range of motion of the cervical spine; hypertonicity, spasm, tenderness, and tight muscle band of the right cervical paravertebral muscles; and trigger point with radiating pain and twitch response on palpation over the cervical paraspinal muscles) findings, current diagnoses (anxiety disorder, post-concussion syndrome, dizziness and giddiness, and spasm of muscle), and treatment to date (Physical Therapy and medications (including ongoing use of Flexeril and Tramadol)). Medical Records identify a moderate relief of pain with medication use and a signed Narcotic agreement. Regarding Tramadol, there is no documentation of moderate to severe pain, Tramadol used as a second-line treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Regarding Flexeril, there is no documentation of Flexeril used as second line option for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations in patients with chronic low back pain, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50 mg # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of anxiety disorder, post-concussion syndrome, dizziness and giddiness, and spasm of muscle. In addition, there is documentation of ongoing treatment with Tramadol. Furthermore, given documentation of a signed Narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation of neck pain, right shoulder pain, and face pain, there is no (clear) documentation of moderate to severe pain and Tramadol used as a second-line treatment. In addition, despite documentation of moderate pain relief with medications, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol HCL 50 mg # 60 is not medically necessary.

**Flexeril 5 mg # 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment

intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of anxiety disorder, post-concussion syndrome, dizziness and giddiness, and spasm of muscle. However, despite documentation of muscle spasm, and given documentation of an 8/9/12 date of injury, there is no (clear) documentation of acute muscle spasm. In addition, there is no documentation of Flexeril used as second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Furthermore, despite documentation of moderate pain relief with medications, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 5mg #60 is not medically necessary.