

<b>Case Number:</b>	CM14-0161318		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 is a 39 year old male with a date of injury on 8/26/2013. The injured worker apparently lifted something heavy at work sustaining bilateral inguinal hernias. These were treated surgically on 12/26/13. There is a 4/2/14 note in which the injured worker was referred for physical therapy for back pain radiating into the groin area. There is an 8/15/14 note indicating ongoing low back pain with pain radiating into the legs with 7/10 pain intensity. On exam, there was paravertebral tenderness with spasm. There were complaints of numbness and tingling in the lower extremity with no motor weakness. A recommendation was made for more physical therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #90, QD as needed for severe pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue Opioids Page(s): 80.

**Decision rationale:** The injured worker has used tramadol for some time. The available data does not support that the 4 A's of continuation for opiate use are met as noted from the Medical

Treatment Utilization Schedule. The criteria for use of opioids section states: On-Going Management: The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors); Use of drug screening or in injured worker treatment with issues of abuse, addiction, or poor pain control; Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion); Continuing review of overall situation with regard to non opioid means of pain control. There is no data that suggests there is any pain reduction, reduction in pain scores, functional improvement, or return to activities. Given this information and the clinical guidelines, the request is non-certified.

**Cyclobenzaprine HCl tablets 7.5mg #120, 1 PO Q8H/PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

**Decision rationale:** The injured worker appears to have used this drug for some months. The clinical guidelines indicate that this drug is indicated for short term use at the acute phase of an injury. This is not the situation at this time as the injured worker has used the drug for multiple months. The injured worker also has continued spasms. There is no indication that the use of the drug has helped this injured worker. Given the available clinical data, the request is not certified.