

<b>Case Number:</b>	CM14-0164892		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	10/08/2007
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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:

This claimant is a 42-year-old female who has developed a chronic pain syndrome secondary to a slip and fall on 10/08/07. The primary treating physician has described pain that involves multiple body areas including the upper and lower spine in addition to pain in her extremities. The primary treating physician documents improvement of ADLs (activities of daily living) and pain levels as a result of Tramadol use. He clearly notes that Cyclobenzaprine is not beneficial and recommends its discontinued use. There is no documentation that Lidoderm patches are utilized and/or are beneficial. The injured worker is treated with Tramadol 200 XL twice a day, Buspar, Wellbutrin, Flexeril (Cyclobenzaprine), and Elavil 25mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 200mg #60:** Overturned

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

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

**Decision rationale:** MTUS Guidelines support the judicious use of opioid medications when there is pain relief and functional benefit. The primary treating physician adequately documents

that these standards are met with the continued use of Tramadol. The Tramadol 200mg #60 is medically necessary.

**Lidoderm 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Guidelines recommend a trial of topical Lidocaine if there is a localized peripheral neuropathic pain syndrome. This patient does not have a localized pain syndrome. It is clearly documented that she has a widespread chronic pain syndrome. With these circumstances, the use of Lidoderm is not guideline-recommended and is not medically necessary.

**Flexeril 10mg #60:** 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 Muscle Relaxants Page(s): 64.

**Decision rationale:** MTUS Guidelines do not support the use of Flexeril beyond 2-3 weeks. In addition, it is clearly documented that it has not been beneficial, and the primary treating physician has recommended that its use be terminated. The Flexeril 10mg #60 is not medically necessary.