

<b>Case Number:</b>	CM14-0167895		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58 years old male who was injured on 9/24/2010. He was diagnosed with chronic pain syndrome, lumbago, multilevel lumbar sic herniations, lumbar facet arthropathy, osteoarthritis of the knee, and sacroiliitis. He was treated with surgery (lumbar), physical therapy, chiropractor treatments, medial branch block of the lumbar spine, acupuncture, and multiple medications including opioids, on muscle relaxants. On 8/14/14, he reported to his primary treating physician that he continued to decline in his function, regardless of the then current treatment (medications). On 9/4/14, the worker again saw his primary treating physician complaining of his ongoing low back pain with radiation to both legs rated at 8/10 on the pain scale and reported using his walker for support. He also reported interest in proceeding with back surgery. He reported that his medications caused sedation and specifically the Norco caused constipation and increased leg weakness, and he reported only using it for severe pain, but still 1-2 per day. He reported using Norco, Flexeril, tramadol, and gabapentin. It was reported that the collective medication effect helps the worker to function (no specifics). He was recommended to continue his medications as previously prescribed and another request for spinal surgery was made on behalf of the worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids, Page(s): pp. 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence in the documentation to show quantitatively the effect of tramadol on the worker's overall function and pain levels. His pain level stays at 8-9/10 with the use of all of his medications. He is also reporting side effects that also decrease his function (sedation, leg weakness, nausea, etc.). Therefore, without evidence of significant benefit, the tramadol is not medically necessary. Weaning may be necessary.

**Norco 5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** See #1 for rationale and reference. The worker's Norco use has contributed to a decrease in function due to its side effects (weakness, sedation, nausea, constipation, etc.). Also, there was insufficient documented evidence of the functional and pain-reducing benefit (quantitatively) related to the Norco use. Therefore, the Norco is to be considered not medically necessary. Weaning may be necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are

likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The worker in this case has chronic low back pain and has been recommended and is using Flexeril on a regular chronic basis, which is not a recommended use of this medication. Side effects of the medication can lead to decreased function such as sedation, such as was reported by the worker in this case. Therefore, the Flexeril is not medically necessary.