

<b>Case Number:</b>	CM14-0099596		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and 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 patient is a 60 year old who was injured on 6/30/2009. The diagnoses are neck, bilateral shoulders and bilateral knees pain. There are associated diagnoses of depression, muscle spasm and memory impairment. The patient is currently doing PT. The past surgery history is significant for right shoulder, left knee and left ankle surgeries. On 6/6/2014, there was subjective complaint of neck pain radiating to the upper extremities. The pain score was 4/10 on a scale of 0 to 10. The patient had lost 22lbs from dieting and exercise. Utilization of the prescribed medications resulted in a 50% reduction in pain and muscle spasm. A Utilization Review determination was rendered on 6/13/2014 recommending denial for Tramadol 50mg #60 5 refills and Cyclobenzaprine 10mg #30 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid , NSAIDs and PT. Page(s): 74-96, 111, 113,119.

**Decision rationale:** The CA MTUS recommend that opioids can be utilized for short term treatment of exacerbation of chronic musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The chronic use of opioid including tramadol is associated with increased risk of tolerance, habituation, sedation, memory changes and adverse interaction with other medications. The records indicate that the patient is receiving 6 months supplies of medications without frequent re-evaluations for adverse effects. The patient is reported to suffer from co-existing depression and impairment for recent and remote memory. The criteria for the use of tramadol 50mg #60 with 5 refills was not met.

**Cyclobenzaprine 10mg #30 with 5 refills:** Upheld

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

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

**Decision rationale:** The CA MTUS recommend that the use of muscle relaxants be limited to periods of less than 4 weeks during exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Long term use of muscle relaxants is associated with the development of tolerance, decreased efficacy, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient had been utilizing cyclobenzaprine for many years. It was noted that the patient is experiencing impairment for recent and remote memory. The criteria for the use of cyclobenzaprine 10mg #30 5 refills was not met.