

<b>Case Number:</b>	CM15-0014594		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44-year-old male who reported an injury on 01/06/2014 due to an unspecified mechanism of injury. On 12/04/2014, he presented for a followup evaluation. He reported cervical pain and low back pain, left greater than the right, graded a 6/10 and right knee pain graded at a 6/10. He noted that his activities of daily living were maintained with his medication regimen. He was noted to be taking tramadol ER, which helped with his pain and cyclobenzaprine 7.5 mg 3 times a day for spasm. A physical examination showed tenderness of the lumbar spine, lumbar range of motion described as flexion 60, "sensitive 50," left and right lateral tilt to 50, left rotation to 40 and he had a positive straight leg raise for pain to foot and right pain to distal calf at 45 degrees. He had tenderness to the thoracic spine and thoracic range of motion was limited. There was right knee tenderness diffusely and swelling of the right knee with range of motion from 0 degrees to 100 degrees. Spasm of the lumbar paraspinal musculature was decreased. He was diagnosed with right knee chondromalacia of the patella and osteochondral lesion, internal derangement of the left knee, cervical spondylosis, protrusion of the C4-5 with radiculopathy, low back pain with lower extremity symptoms, thoracic myofascial pain and headache, dizziness and vision changes of an uncertain etiology. The treatment plan was for tramadol 150 mg #60 and cyclobenzaprine 7.5 mg #90. The rationale for treatment was to treat the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150 mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The documentation provided does indicate that the injured worker was receiving a decrease in pain and improvement in function with the use of tramadol. However, no official urine drug screen or CURES reports were provided for review to validate that he has been compliant with his medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Cyclobenzaprine 7.5 mg Qty 90:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines indicate that muscle relaxants are recommended for short term treatment of acute low back pain. The documentation provided does not state how long the injured worker has been using this medication and without this information continuing would not be supported as it is only recommended for short term treatment. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.