

<b>Case Number:</b>	CM15-0117800		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 (IW) is a 52 year old male, who sustained an industrial injury on 12-04-2013, secondary to pulling a dumpster that resulted in injury to his neck and upper back. On provider visit dated 05-12-2015, the injured worker has reported constant pain in right side of neck and upper back with radiation to fingertips on the right hand, noted as numbness, cramping, and loss of motion. On examination of the neck, range of motion was decreased, tenderness along the facet was noted, and facet loading was noted as positive. Sensation was decreased along the C5-C6 nerve distribution on the right side. Tenderness along the upper thoracic spine was noted as well. The diagnoses have included cervical sprain, thoracic sprain, and C7 radiculitis. Treatment to date has included neck traction with air bladder, neck pillow, hot and cold wrap, back brace, TENS unit, laboratory studies, and medications. The provider requested Tramadol ER, Nalfon, and Flexeril. On 06-02-2015, Utilization Review non-certified the request for Tramadol ER 150 mg #30, Nalfon 400 mg #60, and Flexeril 7.5 mg #60 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol ER 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

**Decision rationale:** The cited MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). Central analgesics drugs such as tramadol are reported to be effective in managing neuropathic pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. Recent IW records from 06-24-2015 included documentation of first-line medication use, no significant adverse effects, pain contract on file, and appropriate urine drug testing. However, the record did not document pain with and without medication use and objective functional improvement. Therefore, the request for Tramadol ER 150 mg #30 is not medically necessary and appropriate.

**1 prescription of Nalfon: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

**Decision rationale:** Per the MTUS guideline, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. For Nalfon specifically, it is indicated for mild to moderate pain at 200 mg every four to six hours as needed. Based on the treating physician notes available, there was no indication that Nalfon provided any specific analgesic benefits in pain reduction or any objective functional improvement. In addition, there was no demonstration of the need for Nalfon versus first line NSAIDs. Therefore, the request for Nalfon 400 mg #60 is not medically necessary and appropriate.

**1 prescription of Flexeril 7.5mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 41-42 and 64.

**Decision rationale:** Per the cited MTUS guideline, Flexeril (Cyclobenzaprine) is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes do not state that the injured worker had improvement in spasm with Flexeril or subjective

functional improvement. The IW also appears to have had chronic use of Flexeril since at least 12/31/2014. Recommend weaning as directed. Based on the available medical records and guidelines cited, the request for Cyclobenzaprine 7.5 mg #60, 1 refill, is not medically necessary and appropriate at this time.