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| <b>Case Number:</b>   | CM15-0120138 |                              |            |
| <b>Date Assigned:</b> | 06/30/2015   | <b>Date of Injury:</b>       | 04/26/2014 |
| <b>Decision Date:</b> | 07/30/2015   | <b>UR Denial Date:</b>       | 06/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/22/2015 |

### 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: Massachusetts

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 (IW) is a 25 year old male who sustained an industrial injury on 04/26/2014. He reported low back pain that radiates to the lower extremity with numbness, paresthasias, and weakness, left more than right, knee pain, and lower thoracic pain. The injured worker was diagnosed as having lumbago. Treatment to date has included medications, electrodiagnostic studies that revealed chronic left L5 (or L4) radiculopathy, and a MRI of the lumbar spine. Currently, the injured worker complains of a constant sharp pain in the low back rated a 5-6/10 that radiates down the left leg. The left leg goes numb. Sitting for 30 minutes to an hour or bending over increases the pain to a 9/10. On exam the lumbar spine is tender to palpation and there is spasm over the lower lumbar spine bilaterally with loss of lordosis. Deep tendon reflexes are trace on both knees and absent both ankles with no clonus. Strength is 4+/5 on the left quad, otherwise 5/5 strength bilateral lower extremity. A request for authorization is made for the following: 1. Tramadol ER (extended release) 150 mg Qty 90, every day; 2. Eszopiclone 1 mg Qty 30, every night at bedtime; 3. Cyclobenzaprine hydrochloride 7.5 mg Qty 120, every 8 hrs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER (extended release) 150 mg Qty 90, every day:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (ultram); Opioids Page(s): 93-94, 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in April 2014 and continues to be treated for radiating low back pain. When seen, he had pain into the left leg rated at 6-8/10 with numbness and weakness. No physical examination findings were reported. Medications were prescribed. Prior medications had included Flexeril and Restoril. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's initial management when he was having moderate to severe radiating back pain. There were no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Prescribing Tramadol ER was medically necessary.

**Eszopiclone 1 mg Qty 30, every night at bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Mental Illness & Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work-related injury in April 2014 and continues to be treated for radiating low back pain. When seen, he had pain into the left leg rated at 6-8/10 with numbness and weakness. No physical examination findings were reported. Medications were prescribed. Prior medications had included Flexeril and Restoril. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder was not provided. Whether the claimant has primary or secondary insomnia had not been determined. The prescribing of eszopiclone was not medically necessary.

**Cyclobenzaprine hydrochloride 7.5 mg Qty 120, every 8 hrs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in April 2014 and continues to be treated for radiating low back pain. When seen, he had pain into the left leg rated at 6-8/10 with numbness and weakness. No physical examination findings were reported. Medications were prescribed. Prior medications had included Flexeril and Restoril. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity prescribed was consistent with intended long-term use and there were no documented physical examination findings such as the presence of muscle spasms. The request was not medically necessary.