

<b>Case Number:</b>	CM15-0175915		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/26/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Arizona, California

Certification(s)/Specialty: 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 is a 39-year-old male, who sustained an industrial injury on 1-26-2015. He reported a low back injury from cumulative injuries. Diagnoses include lumbar sprain-strain, right sacroiliac sprain-strain, muscle spasm and right sciatica. Treatments to date include activity modification, medication therapy, physical therapy, and chiropractic therapy. Currently, he complained of ongoing pain in the low back and sciatica. Pain was rated 4 out of 10 VAS with medication and 8 out of 10 VAS without medication. Medication was noted to be effective for four to five hours. A pain agreement and random urine testing was noted to have been obtained. On 7-14-15, the physical examination documented lumbar tenderness and painful range of motion with decreased sensation to bilateral lower extremities. The straight leg raise tests, Slump test, Patrick test and Reverse Thomas tests were all positive. The appeal requested authorization of Ultram 50mg, three times per day #90 and Flexeril 10mg, every evening before bed, #30. The Utilization Review dated 8-12-15, denied the request per California MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for several months. There was no mention of Tylenol, Tricyclic or weaning failure. It was used in combination with Flexeril and NSAIDS making it difficult to determine its contribution to pain score reduction. The continued use of Tramadol (Ultram) is not medically necessary. 2. Flexeril 10mg #30 is not medically necessary and appropriate.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with NSIDS and opioids. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.