

<b>Case Number:</b>	CM15-0179510		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 is a 43 year old female who sustained an industrial-work injury on 1-22-12. A review of the medical records indicates that the injured worker is undergoing treatment for headache, cervical disc displacement, cervical radiculopathy, lumbar radiculopathy, left shoulder sprain and strain, bilateral wrist strain and sprain, right hip strain and sprain, bilateral knee strain and sprain, bilateral ankle strain and sprain, insomnia, anxiety, and depression. Medical records dated (5-1-15 to 7-2-15) indicate that the injured worker complains of neck pain and headaches with radiation to the bilateral upper extremities, mid back pain that radiates to the bilateral ribs and numbness and tingling, low back pain that radiates to the bilateral lower extremities with numbness and tingling, left shoulder pain that is aggravated with overhead lifting, bilateral wrist pain, right hip pain, bilateral knee pain, bilateral ankle pain which is all aggravated by increased activities, and relieved with rest and medications. The injured worker also complains of loss of sleep due to pain and anxiety and depression. The pain is rated 4-9 out of 10 on pain scale without the medications and 4-7 out of 10 on pain scale with use of medications which has been unchanged from previous visits. Per the treating physician report dated 5-13-15 the injured worker has not returned to work. The physical exam dated 7-2-15 reveals that the cervical range of motion is decreased and painful; there is tenderness to palpation of the bilateral trapezius and paravertebral muscles and muscle spasm noted. There is tenderness of the thoracic paravertebral muscles and muscle spasm noted. The lumbar range of motion is decreased and painful. There is tenderness to palpation of the bilateral sacroiliac joints and lumbar muscle spasm. There is tenderness to palpation of the left shoulder with muscle spasm noted. There is tenderness to palpation of the bilateral wrists. There is tenderness to

palpation of the right hip area. There is tenderness to palpation of the bilateral knees. The right ankle has tenderness to palpation and the ranges of motion are decreased and painful. The left ankle reveals tenderness to palpation and there are sleep and psychological complaints. Treatment to date has included pain medications including cyclobenzaprine since at least 5-13-15, tramadol since at least 5-13-15, and acupuncture at least 12 sessions, activity restrictions, off-of work, and other modalities. The treating physician indicates that the urine drug test result dated 5-1-15 was consistent with the medication prescribed. The request for authorization date was 8-5-15 and requested services included cyclobenzaprine 7.5 mg #60 and tramadol 50 mg #60. The original Utilization review dated 8-12-15 non-certified the request for cyclobenzaprine 7.5 mg #60 as there was no objective evidence of spasms documented on exam and the use of muscle relaxants is recommended by the guidelines for a short course of therapy as efficacy appears to diminish over time. The request for tramadol 50 mg #60 was partially-certified to a one week supply of tramadol at an initial slow taper of 10 percent as there was no evidence of pain relief with its use or objective functional improvement in activities of daily living (ADL) or quality of life with its use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cyclobenzaprine 7.5mg #60: Upheld**

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

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

**Decision rationale:** Per the cited CA MTUS guideline, 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 state the injured worker has had muscle spasm noted, but improvement in pain with medications seems to minimal. More importantly, the injured worker has been on cyclobenzaprine greater than the recommended treatment period; thus, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary per the MTUS guidelines.

#### **Tramadol 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. 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. The injured worker's records have included documentation of the pain with and without medication, no significant adverse effects, past consistent urine drug testing (5-1-15); however, there is no documentation of objective functional improvement and improved activities of daily living. Of primary importance is continued follow-up to reassess the 4 A's and the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Although tramadol may be a reasonable treatment option for this injured worker, the treating provider's notes do not provide the necessary documentation for the continued use of tramadol concerning improved pain scores and functional improvement. Therefore, the request for tramadol 50 mg #60 is not medically necessary and appropriate.