

<b>Case Number:</b>	CM15-0026456		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/30/1997
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Maryland

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

### 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 48-year-old female with an industrial injury dated 09/30/1997. The mechanism of injury is documented as a fall injuring her knees, back and both wrists. She presents on 12/19/2014 with complaints of worsening back pain with sciatic pain shooting down into both legs. Physical exam noted tenderness at the midline at lumbar 4 - sacral 1 and tenderness of the superior iliac crest. Prior treatments include left knee surgery, physical therapy, excision of lipoma to the lateral right ankle and psychiatrist. Diagnoses include: Back pain with radiation, Bilateral knee pain, Bilateral foot and ankle pain, Right wrist sprain rule out internal derangement, Chronic pain syndrome, Rule out internal derangement of left knee. On 01/14/2015 utilization review issued the following decisions: Tramadol ER 150 mg 30 tablets were modified to tramadol ER 150 mg 7 tablets. Cyclobenzaprine 7.5 mg # 60 was non-certified. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Tramadol ER 150mg #30 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for Tramadol ER 150mg #30 is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

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

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

**Decision rationale:** Cyclobenzaprine 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation does not reveal spasm. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame with a quantity of 60. The request for Cyclobenzaprine 7.5mg #60 is not medically necessary.