

<b>Case Number:</b>	CM15-0074677		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, North Carolina  
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 56 year old female, who sustained an industrial injury on January 29, 2013, incurring injuries to the back and knee. She was diagnosed with thoracic myositis, lumbar disc protrusion, lumbar spasm and left knee chondromalacia. Treatment included pain management, neuropathy drugs and muscle relaxants. Currently, the injured worker complained of constant mid back pain, low back pain and left knee pain. The treatment plan that was requested for authorization included prescriptions for Tramadol, Cyclobenzaprine and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** The CA MTUS states central acting analgesic drugs such as Tramadol are reported to be effective in managing neuropathic pain. It is not recommended as a first-line oral analgesic. CA MTUS recommends that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant behavior. The clinical documentation submitted failed to document the 4 A's. In addition, there was no evidence of urine drug screening to monitor compliance and adverse behavior and no signed opiate agreement. There is no documentation of functional benefit from the Tramadol. This request for long-term opioid therapy is not medically necessary.

**Cyclobenzaprine 5mg #90 (Dispensed on 03-16-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** MTUS Chronic pain Medical Treatment Guidelines identifies that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Treatment should not be continued in the absence of functional benefit as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medication or medical service. ODG identifies that muscle relaxants are recommended as a second-line option for short term (less than 2 weeks) treatment of acute low back pain or in acute exacerbations in patients with chronic low back pain. In this patient, the injury occurred in 2013 and there is no documentation of an acute exacerbation. Flexeril is not indicated for long-term use. There is also no documentation of functional improvement or return to work, therefore the request is not medically necessary.

**Gabapentin 300mg #90 (dispensed on 03-16-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-19.

**Decision rationale:** The CA MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical documentation submitted fails to provide documentation of the patient's functional response to the medication and fails to indicate the efficacy of the treatment. There was also no indication in the change of the pain level. This request is deemed not medically necessary.