

<b>Case Number:</b>	CM15-0079109		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 62 year old male, who sustained an industrial injury on 05/20/2014. The injured worker is currently diagnosed as having rotator cuff syndrome, adhesive capsulitis of the shoulder, chronic pain syndrome, lumbar sprain, lumbar intervertebral disc degeneration, low back pain, strain of thoracic region, and cervical intervertebral disc degeneration. Treatment and diagnostics to date has included shoulder surgery, cervical spine MRI, lumbar spine MRI, physical therapy, chiropractic treatment, and medications. In a progress note dated 03/17/2015, the injured worker presented with complaints of low back pain, neck muscle strain, lumbar intervertebral disc degeneration, cervical intervertebral disc degeneration, lumbar sprain, low back pain, and sprain of thoracic region. The treating physician reported requesting authorization for Tramadol and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94.

**Decision rationale:** The claimant was injured approximately 1 year ago. The CA MTUS Guidelines state central analgesic drugs such as Tramadol are ineffective in managing neuropathic pain and it is not recommended as a first-line analgesic. CA MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The clinical documentation supplied for review failed to demonstrate documentation of the 4 A's to support ongoing usage of Tramadol. There was also lack of documentation of functional benefit from taking Tramadol. Records also showed the patient was only taking the medication on a once a week basis. Given the above, the request is deemed not medically necessary.

**Cyclobenzaprine 10mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The request is for Flexeril, a muscle relaxant. CA MTUS guidelines state that Flexeril is recommended for only a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. The claimant's injury was approximately 1 year ago. MTUS does not recommend long-term use of muscle relaxants and recommends using 3-4 days of acute spasm and no more than 2-3 weeks. Therefore, this request is deemed not medically necessary.