

<b>Case Number:</b>	CM15-0097080		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Texas, 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:

This is a 70 year old male patient, who sustained an industrial injury on 1/8/15. He has reported initial complaints of back, neck and abdominal injuries after falling off a lawn mower. The diagnoses have included cervical strain, lumbar strain, cervical degenerative disc disease (DDD), and lumbar spine degenerative disc disease (DDD). Per the physician progress note dated 3/12/15, he had complains of low back and neck pain and occasional pins and needles in the bilateral lower extremities. The pain is rated 9/10 on pain scale without medications and 6/10 with medications which is unchanged from previous visits. The physical examination revealed positive cervical and lumbar tenderness, muscle spasms, and decreased cervical spine range of motion and lumbar spine range of motion by twenty percent. The current medications included Tramadol, Cyclobenzaprine and Naproxen. He has had X-rays for ankle, cervical and lumbar spine. He has had urine drug screen dated 2/12/15 which revealed no medications listed for the injured worker and no drugs were detected. Treatment to date has included medications, activity modifications, physical therapy and home exercise program (HEP). The physician requested treatments included Retrospective (Fexmid) Cyclobenzaprine 7.5mg #60, Retrospective (Ultram) Tramadol HCL ER 150mg #60, and Retrospective (Anaprox DS) Naproxen Sodium 550mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (Fexmid) Cyclobenzaprine 7.5 mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 and 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 299, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Request- Retrospective (Fexmid) Cyclobenzaprine 7.5 mg #60  
Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Per the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines (Chapter 12 Low Back Complaints, page 298), nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. The cited guidelines recommend short-term muscle relaxants for acute spasms. According to the records provided patient had had low back and neck pain and occasional pins and needles in the bilateral lower extremities. He has had significant findings on physical examination- positive cervical and lumbar tenderness, muscle spasms, and decreased cervical spine range of motion and lumbar spine range of motion. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Retrospective (Fexmid) Cyclobenzaprine 7.5 mg #60 was medically appropriate and necessary.

**Retrospective (Ultram) Tramadol HCL ER 150 mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94 and 124.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 299, Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75 and 82.

**Decision rationale:** Per the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines (Chapter 12 Low Back Complaints, page 298), Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. Per the

cited guidelines regarding opiates state short-term opiates are rarely recommended, but may be used if symptoms are severe and accompanied by objective findings, for no more than two weeks. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines central acting analgesics is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had had low back and neck pain and occasional pins and needles in the bilateral lower extremities. He has had significant findings on physical examination- positive cervical and lumbar tenderness, muscle spasms, and decreased cervical spine range of motion and lumbar spine range of motion. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. There is no evidence that he taking or abusing any potent narcotics. He is already taking a NSAID. The request for Retrospective (Ultram) Tramadol HCL ER 150 mg #60 was medically appropriate and necessary.

**Retrospective (Anaprox DS) Naproxen Sodium 550 mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 68 and 73.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 299, Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22 and 67.

**Decision rationale:** Request- Retrospective (Anaprox DS) Naproxen Sodium 550 mg #90 per the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines (Chapter 12 Low Back Complaints, page 298), nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. CA MTUS page 67 states that NSAIDs are recommended for chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. According to the records provided patient had had low back and neck pain and occasional pins and needles in the bilateral lower extremities. He has had significant findings on physical examination- positive cervical and lumbar tenderness, muscle spasms, and decreased cervical spine range of motion and lumbar spine range of motion. NSAIDs are considered first line treatment for pain and inflammation. The request for Retrospective (Anaprox DS) Naproxen Sodium 550 mg #90 was medically appropriate and necessary.