

<b>Case Number:</b>	CM14-0141434		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/25/2000
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male who sustained an injury on 03/25/00 while a box weighing 6-8lbs was dropped on her head and neck. The injured worker has been followed for complaints of pain in the left hip, head, neck, and shoulder. Other complaints included low back pain and psychological issues. The injured worker has undergone both cervical and lumbar fusions as well as injections to the shoulder. Prior physical therapy had been completed. Medications have included Tramadol, Fexmid, and Ativan. As of 07/30/14 the injured worker reported ongoing severe pain in the right upper extremity and ring finger of the right hand. With medications, the injured worker's pain was reduced from 8 to 5/10 on the visual analog scale (VAS). The injured worker reported being functional with medications to include Tramadol 150mg XR two tablets in the AM. The injured worker's physical exam findings noted loss of cervical range of motion with tenderness to palpation. There was weakness reported in the upper extremities and decreased sensation in the right upper extremity. The requested medications were denied on 08/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Muscle Relaxants, Page(s): 63-67.

**Decision rationale:** In regards to the use of Fexmid 7.5mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is not specific in regards to quantity, duration, or frequency. Therefore, this reviewer would not have recommended the ongoing use of this medication.

**Tramadol HCL 150 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Criteria for Use, Page(s): 88-89.

**Decision rationale:** In regards to the use of Tramadol 150mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical documentation provided for review did report that the injured worker was obtaining pain relief and functional improvement with this medication. However, this medication is being recommended at the maximum dose of 300mg per day in addition to further Tramadol at 50mg every 12 hours. This would exceed the total amount of this medication recommended on a daily basis. Furthermore, the request is not specific in regards to quantity, frequency, or duration. As such, this reviewer would not recommend this request as medically necessary.