

<b>Case Number:</b>	CM13-0015000		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 47-year-old female who reported an injury on 02/09/2010. The mechanism of injury was a fall. Immediate injuries occurred to her left elbow, left ankle, left thigh, left hip, left shoulder, waist, neck, and lower back. She initially self-treated at home with ice and over-the-counter medications. She initially received x-rays of the left leg that were negative for fracture, received Soma, and an unspecified pain injection. Although the patient was released to regular duty, she continued to have persistent pain and decided to remain off work. She continued to seek treatment and was diagnosed with left knee contusion with sprain/strain; contusion to the left shoulder, left elbow, and left wrist/hand with sprain/strain; contusion to the left ankle/foot with probable sprain/strain; cervical spine musculoligamentous sprain/strain; thoracolumbar musculoligamentous sprain/strain; sleep difficulty, stress and GI complaints. She then received an unknown duration of chiropractic care. An EMG/NCS was performed on 07/22/2010 with unknown results, and initiated psychiatric care in 2012. An unofficial cervical MRI performed on an unknown date reported that the patient had a disc bulge at C4-7 with stenosis and left upper extremity radiculopathy. A lumbar MRI performed on an unknown date, reported facet arthropathy at L5-S1, left sacroiliac joint spondylosis, and lower extremity radiculopathy. The patient has a history of cervical and lumbar epidural steroid injections with relief, and has continued to manage her pain through the use of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 60 CYCLOBENZAPRINE HCL 7.5MG BETWEEN 7/1/2013 AND 7/1/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend non-sedating muscle relaxants as a second line option for short term treatment of acute exacerbations of chronic low back pain. These medications show no benefit beyond the use of NSAIDs in overall improvement, efficacy appears to diminish over time, and prolonged use may lead to dependence. Cyclobenzaprine, in particular, is an antispasmodic recommended for a short course of therapy only. In the medical records submitted for review, it is apparent that the patient has been receiving cyclobenzaprine since 03/2013. Guidelines do not recommend cyclobenzaprine for chronic use and state that the greatest effect of this medication is within the first 4 days of treatment. Muscle relaxants, in general, should not be the primary drug class of choice for musculoskeletal conditions. Guidelines state that cyclobenzaprine should not be used for longer than 2 to 3 weeks. At the time this prescription was refilled, the patient had already been utilizing this medication for at least 4 months. This clearly exceeds guideline recommendations and, therefore, the retrospective request for #60 cyclobenzaprine HCL 7.5 mg between 07/01/2013 and 07/01/2013 is noncertified.

**RETROSPECTIVE REQUEST FOR 60 HYDROCODONE BIT/ACET 10/325MG BETWEEN 7/1/2013 AND 7/1/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-95.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend the use of opioids to treat chronic pain. In the ongoing management of opioid use, the patient should have a thorough pain assessment performed at each clinical visit. This assessment includes the patient's current level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long pain relief lasts; and how long it takes for the pain relief to begin. Medication compliance should be monitored by using urine drug screens, and functional ability should be measured at 6 month intervals using a numeric scale or validated instrument. In the medical records submitted for review, there was no submission of a urine drug screen or thorough pain assessment. The most recent clinical note dated 07/01/2013 stated that the patient's medication decreases her pain from a 10/10 to a 6/10 or 7/10. However, it did not give the average pain level since the last assessment was performed, pain intensity, or duration of pain relief after taking the medication. There was also no indication that functional ability has been measured at 6 month intervals. Without this information, the medication efficacy cannot be

determined. As such, the retrospective request for #60 hydrocodone Bit/Acet 10/325 mg between 07/01/2013 and 07/01/2013 is noncertified.