

<b>Case Number:</b>	CM13-0018033		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/06/2007
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 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 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. 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:

This is a female patient with a date of injury of 10/6/07. A utilization review determination dated 8/28/13 recommends non-certification of cyclobenzaprine, OxyContin, hydrocodone/APAP, Zolpidem, and Lyrica. A progress report dated 8/12/13 identifies subjective complaints including pain level unchanged since last visit, numbness in both hands for about 3 weeks, quality of sleep poor, activity level has remained the same. Objective examination findings identify limited cervical ROM, paravertebral tenderness, limited left shoulder ROM, light touch sensation decreased over medial and lateral forearm on the left. Diagnoses include cervical pain, cervical radiculopathy, and disc disorder cervical. Treatment plan recommends OxyContin, hydrocodone, Flexeril, Lyrica, and Ambien. Flexeril is said to decrease pain from 9/10 to 6/10, decrease muscle spasms, and help her to sleep better. She is able to do light chores like laundry and dusting. Will decrease from #60 a month to #30 a month. A progress report dated 9/11/13 identifies that her medications together decrease her pain from 9/10 to 6/10 and she is able to do light chores like laundry and dusting, cooking, and going to the store. She states that if she didn't have her meds, her pain would be significantly increased and she would be in bed most of the day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg:** 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 Page(s): s 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

**Oxycontin 20mg:** 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 Page(s): s 76-79.

**Decision rationale:** Regarding the request for OxyContin, California MTUS notes that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the OxyContin is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS) as the reports note that Flexeril is responsible for the same amount of relief and improvement one month, that is attributed to medications in general for the next month. Additionally, the request as listed does not specify a quantity of the medication and there is no provision for modification of the request. In light of the above issues, the currently requested OxyContin is not medically necessary.

**Hydrocodone/APAP 5/500:** 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 Page(s): s 76-79.

**Decision rationale:** Regarding the request for hydrocodone/APAP, California MTUS notes that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use.

Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the hydrocodone/APAP is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS) as the reports note that Flexeril is responsible for the same amount of relief and improvement one month, that is attributed to medications in general for the next month. Additionally, the request as listed does not specify a quantity of the medication and there is no provision for modification of the request. In light of the above issues, the currently requested hydrocodone/APAP is not medically necessary.

**Zolpidem Tartrate 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem (Ambien) section.

**Decision rationale:** Regarding the request for Zolpidem, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use only as recommended by ODG. In the absence of such documentation, the currently requested Zolpidem is not medically necessary.

**Lyrica 100mg:** 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 Page(s): s 16-21.

**Decision rationale:** Regarding request for Lyrica, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. The guidelines go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. It is also noted

that the reports identify Flexeril as responsible for the same amount of relief and improvement one month that is attributed to medications in general for the next month. Additionally, the request as listed does not specify a quantity of the medication and there is no provision for modification of the request. In light of the above issues, the currently requested Lyrica is not medically necessary.