

<b>Case Number:</b>	CM13-0038417		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Oklahoma and Texas. 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 41-year-old male who reported an injury on 12/10/2008. The patient is diagnosed with spinal discopathy. The patient was seen by [REDACTED] on 09/16/2013. The patient reported ongoing lower back pain. Physical examination revealed tenderness to palpation, spasm, cramping, and positive straight leg raise. Treatment recommendations included continuation of current medications and daily exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report ongoing lower back pain. The patient's physical examination continues to reveal palpable

muscle spasm. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**Norco 10-325mg QTY: 120.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guideline state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report ongoing lower back pain. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

**Nabumetone 500mg QTY: 60.00:** 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): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent lower back pain. The patient's physical examination continues to reveal tenderness to palpation, positive straight leg raise, spasm, and an antalgic gait. California MTUS Guidelines further state there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

**Follow up visit with [REDACTED]:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back Complaints. In. Harris J (Ed), Occupational

Medicine Practice Guidelines, 2nd Edition (2004) - page 303 and the Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased, or full duty is needed or after appreciable healing or recovery can be expected. Physician followup might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. As per the documentation submitted, it is unclear whether the patient has undergone any previous treatment to address pain coping skills. There is no evidence of opioid weaning within the treatment plan. As the patient's multiple medication requests have not been supported, there is also no medical necessity for continued followup visits. As the medical necessity has not been established, the request is non-certified.