

<b>Case Number:</b>	CM13-0041668		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/11/2006
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 42 year old man who sustained an injury on 2/24/06. He has the diagnoses of L4-5 and L5-S1 discogenic pain with annular tearing, right sided L4-5 disc protrusion with radiculopathy, headaches, depression and sleep disorder. The primary treating physician's exam on 8/21/13 notes that he has persistent back pain and believes the current medication regimen is helping. His physical exam shows tender lumbar paraspinal muscles with palpation and spasm/guarding. He could flex to 50 degrees and extend to 20 degrees. There was no change noted in his lower extremity neurological exam. His disability status was permanent and stationary. At issue in this review is the denial for the medications, Norco, diclofenac and cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** This injured worker has chronic back with limitations in range of motion and spasms noted on physical examination. His medical course has included treatment modalities including long-term use of several medications including narcotics, NSAIDs and muscle relaxants. Per the chronic pain guidelines for chronic low back pain, NSAIDs such as diclofenac are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify long-term use. The records do not support the medical necessity of Diclofenac.

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic back pain with an injury sustained in 2006. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics, NSAIDs and muscle relaxants. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/13 fails to document any significant improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical records do not support the medical necessity for Norco.

**Cyclobenzaprine 7.5mg #60:** 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:** This injured worker has chronic back pain with an injury sustained in 2006. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics, NSAIDs and muscle relaxants. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 8/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. The Cyclobenzaprine has been prescribed for long-term use and medical necessity is not supported in the records.