

<b>Case Number:</b>	CM13-0043200		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 57-year-old who reported an injury on 05/08/2012. The mechanism of injury was a gradual onset of pain in his neck, back, bilateral shoulders, right hip, right knee, right ankle and bilateral feet during the course of his employment. The injured worker's diagnoses included lumbar discopathy, carpal tunnel and bilateral plantar fasciitis. The injured worker's past treatments included physical therapy and medication. The injured worker's diagnostic testing included x-rays of the cervical spine that were noted to reveal anterior plate and screw fixation at the levels of C4-7 with solid bone incorporation noted, and junctional pathology at the levels of C3-4 where kyphosis was noted. Radiographic examination of the lumbar spine that was obtained revealed multilevel lumbar spondylosis. Radiographic examination of the bilateral shoulders, right hip, and right knee, were noted to reveal some degenerative changes. The injured worker's surgical history included a cervical spine surgery. On 09/10/2013, the injured worker complained of pain in his cervical spine, bilateral shoulders, lumbar spine, right hip, right knee, right ankle, and bilateral feet. He reported that the cervical spine pain radiated from the back of the neck to the right shoulder. He also reported that the lumbar spine pain radiated from the lower back into the lower extremities with associated tingling and numbness. Upon physical examination, the injured worker was noted with paravertebral muscle spasm. A positive axial loading compression test was noted and symptomology in the upper extremities consistent with what appeared to be possible double crushed syndrome. Upon physical examination to the lumbar spine, the injured worker was noted with L4-5 and L5-S1 dysesthesia appreciated in the lower extremities. The injured worker's medications included Lipitor, Norco, Ambien, and Voltaren. The request was for Cyclobenzaprine hydrochloride 7.5 mg for the palpable paravertebral muscle spasms noted in the cervical and lumbar spine, Quazepam 15 mg for sleep, and Medrox patch to reduce inflammation

and relieve acute pain of backaches, strains, muscle soreness and pain in joints and nerves. The Request for Authorization form was signed and submitted on 09/11/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cyclobenzaprine HCL 7.5 Mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants Page(s): 41; 63-64.

**Decision rationale:** The request for Cyclobenzaprine HCL 7.5 mg #20 is not medically necessary. The California MTUS Guidelines may recommend non-sedating muscle relaxants for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. Treatment should be brief. Muscle relaxants are recommended with caution as a second line option for treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDS in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use with some medications in this class may lead to dependence. Limited, mixed evidence does not allow for recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker was noted with cervical spine paravertebral muscle spasm; however, the documentation did not provide evidence of significant objective functional deficits. She was noted to have pain in multiple body parts, but there was not a complete and thorough pain evaluation to include a current quantified pain. In the absence of documentation with evidence of a significant objective functional deficit and a thorough pain evaluation, the request is not supported at this time. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.

#### **Quazepam 15 Mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Quazepam 15 mg #30 is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because a long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerances to hypnotic effects develop rapidly. Benzodiazepines are not recommended due to rapid

development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. The rationale for ordering Quazepam was for sleep; however, the tolerance to hypnotic effects develops rapidly. The documentation did not have evidence that the injured worker complained of difficulty sleeping. In the absence of documentation with sufficient evidence of difficulty sleeping, and the rapid tolerance to hypnotic effects that benzodiazepines provides, the request is not supported. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.

**Medrox Patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Medrox patch #30 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The Medrox patch contains Menthol, Capsaicin and Methyl Salicylate. The use of Capsaicin is recommended only as an option in patients who have not responded or are tolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that an increase over a 0.025% formulation will provide any further efficacy. The injured worker was noted to have pain to multiple body parts; however, there was not a thorough and complete pain assessment provided. In the absence of documentation with evidence of a complete and thorough pain assessment to include a current quantified pain, and significant objective functional deficits, the request is not supported. Additionally, as the request was written there was not a frequency provided. Therefore, the request is not medically necessary.