

<b>Case Number:</b>	CM13-0045164		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/16/2013
<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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine, 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 61-year-old with date of injury of July 10, 2012 with related lumbar pain associated with numbness, tingling, some sharp pain and a lot of pressure. According to the May 20, 2014 progress report, she reported that at times the pain radiated to her right leg with a tingling sensation down to the ankle. She rated her pain at 7/10 in intensity. Per physical exam, moderate tenderness to palpation and spasm over the cervical paraspinal muscles was noted. There was facet tenderness to palpation at the C3 through C7 levels. There was diffuse tenderness and spasm to palpation over the lumbar paraspinal muscles. There was moderate facet tenderness to palpation at the L4 through S1 levels. MRI of the lumbar spine dated September 28, 2009 revealed multilevel disc protrusions at L3-L4 with a 3-4mm protrusion at that level. At L4-L5, there was a 4-5mm protrusion and possible impingement on the exiting right L3 root and possible impingement on L5 root bilaterally. Treatment to date has included injections, radiofrequency treatments, chiropractic manipulation, acupuncture, physical therapy, and medication management. The date of UR decision was October 16, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, thirty count:** Overturned

**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 Muscle Relaxants Page(s): 63-64.

**Decision rationale:** With regard to muscle relaxants, the Chronic Pain Medical Treatment Guidelines states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Regarding Cyclobenzaprine: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Review of the submitted documentation indicates that the last time the injured worker was prescribed this medication was March of 2014. Per progress report dated June 4, 2014, muscle spasms were noted. I respectfully disagree with the UR physician's assertion that muscle spasm was not documented. The Chronic Pain Medical Treatment Guidelines does not require evidence of functional improvement for this treatment. The request for Flexeril 10mg, thirty count, is medically necessary and appropriate.

**Vitamin D 50,000 units weekly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Vitamin D Deficiency. N Engl J Med 2007; 357:1980-1982. November 8, 2007.

**Decision rationale:** Per the documentation submitted for review, Vitamin D was discontinued 1/2014. Furthermore, as the documentation does not include evidence of Vitamin D deficiency, the request for Vitamin D 50,000 units weekly is not medically necessary or appropriate.

**Norco 10/325mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of

daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveal insufficient documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, or side effects. The Chronic Pain Medical Treatment Guidelines considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and are present in the form of UDS. UDS dated March 11, 2014 was consistent with the medications prescribed. However, there is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. The request for Norco 10/325mg, sixty count, is not medically necessary or appropriate.

**Urine toxicology screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. According to the Chronic Pain Medical Treatment Guidelines, Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in distress, (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources. As the injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior, the request is not medically necessary. Additionally, the requested opioids were not found medically necessary. The request for a urine toxicology screen is not medically necessary or appropriate.