

<b>Case Number:</b>	CM13-0046781		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/07/2007
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 61-year-old male who reported an injury on 07/07/2007. The mechanism of injury was not provided for review. The patient ultimately developed chronic low back pain that was managed with multiple medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had 2/10 constant low back pain with restricted range of motion secondary to pain. The patient's diagnosis included lumbar radiculopathy. The patient's treatment plan included ongoing medication therapy. A request was made for Lortab 7.5/500 mg #150 and Cyclobenzaprine 7.5 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORTAB 7.5/500MG #150:** Upheld

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

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

**Decision rationale:** The requested Lortab 7.5 mg/500 mg #150 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing opioid

usage be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior with regular urine drug screens. However, the clinical documentation submitted for review fails to provide an adequate assessment of pain relief and documentation of functional capabilities. The clinical documentation indicates that the patient has been on opioid therapy since at least 12/2012 with no indication of significant functional improvement related to medication usage. Therefore, continued use would not be supported. As such, the requested Lortab 7.5 mg/500 mg #150 is not medically necessary or appropriate.

**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 Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends short durations of the use of muscle relaxants for patients with acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any evidence that the patient has had an acute exacerbation of chronic pain. Additionally, the clinical documentation does indicate that the patient has been on a muscle relaxant since at least 12/2012. As long-term use of this type of medication is not supported by guideline recommendations, continued use of Cyclobenzaprine would not be supported. As such, the requested Cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate.