

<b>Case Number:</b>	CM13-0047312		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/21/2000
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 56 year old woman who sustained a work-related injury on September 21, 2000. Subsequently the patient developed with chronic neck pain. She underwent an anterior cervical discectomy and fusion. She was diagnosed with chronic cervicalgia, chronic back pain, myofascial pain and bilateral upper and lower extremities medically or pain. According to a note dated on June 5, 2013, there is a documentation of improvement of chronic pain. Norco, Flexeril and Avinza were helpful. The patient was reported to have anxiety and depression as well as constipation. Physical examination demonstrated cervical tenderness with reduced range of motion. The provider requested authorization to use the medications mentioned below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG #90 (DISPENSE GENERIC UNLESS WRITEN CLAW):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

**Decision rationale:** The Expert Reviewer's decision rationale: According to MTUS guidelines, Flexeril a non sedating muscle relaxants is recommeded with caution as a second line option for

short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Flexeril 10 mg is not justified. The request of for Flexeril 10mg#90 is not medically necessary.

**LEXAPRO 20MG #30 (DISPENSE GENERIC UNLESS WRITTEN CLAW):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Page(s): pg. 13..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lexapro.

**Decision rationale:** The Expert Reviewer's decision rationale: According to ODG guidelines, Lexapro is recommended as a first-line treatment option for major depressive disorder. There is no documentation that the patient suffered major depression. She was already treated with another antidepressant for his pain condition and multiple anti depressant medications are not needed for this patient. Therefore, Lexapro is not medically necessary.

**NORCO 10/325MG #150 WITH 1 REFILL (DISPENSE GENERIC UNLESS WRITTEN CLAW):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): pgs. 74-97..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): 179.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, Appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework> There is no clear evidence of objective

and recent functional and pain improvement with previous use of opioids (Norco). There no clear documentation of the efficacy/safety of previous use of Hydrocodone/Acetaminophen. There is no clear justification for the need to continue the use of Hydrocodone/Acetaminophen. Therefore, the prescription of Norco 10/325 mg is not medically necessary at this time.