

<b>Case Number:</b>	CM13-0050347		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/12/2000
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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 patient is a 45-year-old female with date of injury on May 12, 2000. The progress report dated August 28, 2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Facet arthropathy, right greater than left, L4-L5, L5-S1; (2) Chronic right L5-S1 radiculopathy, per an electromyography (EMG). The patient continues to complain of low back pain and right leg symptoms that she rates at a 5/10 to a 7/10. The patient reports that the overall symptoms have been increasing; however, she does report that she has been able to be more active as her kids have been back in school. The patient denied any side effects other than occasional constipation from the Norco. Physical exam findings of the lumbar spine indicate decreased range of motion, tenderness to palpation of the lumbar spine over the facet joints greater on the right side. She has positive facet loading on the right L4-L5, L5-S1. She has a negative straight leg raise (SLR) bilaterally. The patient was continued on Norco 10/325 mg, three (3) tablets a day and was recommended a trial of Flexeril to the spasms in the low back region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one (1) prescription of Hydrocodone/APAP 10/325mg, #135: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 88-89.

**Decision rationale:** According to the California MTUS Guidelines, regarding the long term usage of opioids, pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Guidelines also suggest that rather than simply focusing on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment allow for evaluation of the efficacy of the opioids and whether their use should be maintained including the following: 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 last. The treating physician has reported in several reports that the patient had decreased pain and increased function due to her medications. These were general comments however and did not include any numeric scale or validated instrument for function. Therefore, the request is non-certified.

**one (1) prescription of Cyclobenzaprine 7.5mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Page(s): 64.

**Decision rationale:** Documentation indicates that the patient was experiencing low back spasms and the treating physician requested a trial of Flexeril. The records appear to indicate that the patient has had multiple courses of muscle relaxants. The progress report dated November 05, 2013 indicates that the Flexeril was discontinued because the patient was experiencing too much sedation. According to the California MTUS guidelines Flexeril is recommended for a short course of therapy to use for no longer than 2 to 3 weeks. The requested quantity of cyclobenzaprine is for longer than guidelines recommend. Therefore the request is non-certified.