

<b>Case Number:</b>	CM13-0061327		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/13/2010
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 5/13/10 date of injury. At the time (9/23/13) of request for authorization for prescription of Cyclobenzaprine Hydrochloride tablets 7.5mg, #120, prescription of Quazepam 15mg continuous intravenous infusion (civ) #30, prescription of Tramadol Hydrochloride ER 150mg, #90, and prescription of Levofloxacin tablets 750mg, #30, there is documentation of subjective (residual symptomatology in the lumbar spine associated with retained symptomatic lumbar spinal hardware) and objective (tenderness at the lumbar paravertebral muscles with palpable hardware and pain with terminal motion) findings, current diagnoses (retained symptomatic lumbar spinal hardware), and treatment to date (medications (including Cyclobenzaprine, Quazepam, Tramadol, and Levofloxacin)). Medical report identifies that the patient has been authorized to undergo an L4-S1 removal for lumbar spinal hardware with inspection of fusion mass, neural exploration, possible re-grafting on 11/1/13. Regarding Cyclobenzaprine, there is no documentation of acute muscle spasm, the intention to treat over a short course (less than two weeks), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cyclobenzaprine. Regarding Quazepam, there is no documentation of an intention to treat over a short course (less than 4 weeks). Regarding Tramadol, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment and of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Tramadol.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PRESCRIPTION OF CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of retained symptomatic lumbar spinal hardware. However, there is no documentation of acute muscle spasm. In addition, given documentation of prescriptions for Flexeril of unknown duration, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cyclobenzaprine. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine Hydrochloride tablets 7.5mg, #120 is not medically necessary.

### **PRESCRIPTION OF QUAZEPAM 15MG CONTINUOUS INTRAVENOUS INFUSION (CIV) #30: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of retained

symptomatic lumbar spinal hardware. However, there is no documentation of an intention to treat over a short course (less than 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Quazepam 15mg continuous intravenous infusion (civ) #30 is not medically necessary.

**PRESCRIPTION OF TRAMADOL HYDROCHLORIDE ER 150MG, #90: 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): 74-80,113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of retained symptomatic lumbar spinal hardware. In addition, there is documentation of moderate to severe pain. Furthermore, there is documentation of prescriptions for Tramadol of unknown duration. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for Tramadol Hydrochloride ER 150mg, #90 is not medically necessary.

**PRESCRIPTION OF LEVOFLOXACIN TABLETS750MG, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consultant (Last Updated 11/25/2011), Levofloxacin (Levaquin).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/levaquin-oral-solution.html>.

**Decision rationale:** MTUS and ODG do not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline supports pre- and peri-operative antibiotics for up to 24 hours in uncomplicated cases. Within the medical information available for review, there is documentation of diagnoses of retained symptomatic lumbar spinal hardware. In addition, there is documentation of a pending surgery that has been authorized/certified. However, the proposed duration of treatment with Levofloxacin exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Levofloxacin tablets 750MG, #30 is not medically necessary.