

<b>Case Number:</b>	CM13-0061676		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 an 80 year old male. The date of work injury is 12/7/07. The mechanism of injury was reported as multiple injuries including physical and psychological, trunk lumbar and/or sacral vertebrae. The diagnoses include a contusion of the chest wall, sprain of the neck, thoracic and lumbar region, tietze's disease, diabetes mellitus, and depression. There are requests for pharmacy purchase of Norco 10/325mg #120 with one (1) refill and Cyclobenzaprine 7.5mg #60. There is a primary treating physician progress report document dated 10/14/13 which states that the patient is requesting medication refills. Due to the peripheral edema, he is instructed to make an appointment with his cardiologist. A qualitative drug screen was collected from this patient today. The document states that the test results are to follow and will be reviewed with this patient during the next scheduled appointment. This certified urine drug screen is used to determine consistent medication management for the patient's prescription drug therapy. On examination there is tenderness in the cervical, thoracic and lumbar musculature. Muscle spasms are palpable on the R > L. The range of motion of the lumbar spine is restricted in flexion due to increased pain with movement. The patient has 3-4+ peripheral edema. There are requests for Tramadol, Norco, Cyclobenzaprine and Protonix. The document states that the medications will help continue the patient's care and participate in activities of daily living. There is a 10/14/13 urine toxicology report which states that Hydrocodone and tramadol were prescribed and not detected. Per documentation an 11/15/13 physician office visit indicates that the patient has an acute flare up of his neck and back pain which he rates 10 out of 10. He reported significant relief with medication use. Claimant had tenderness in the cervical, thoracic and lumbar musculature as well as muscle spasms. He had decreased range of motion and pain. Medications provide increased activities of daily living and sleep.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PHARMACY PURCHASE OF NORCO 10/325 MG # 120, ONE REFILL:** 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): 79-80.

**Decision rationale:** A pharmacy purchase of Norco 10/325mg #120 with one refill is not medically necessary per the California MTUS guidelines. Per documentation the patient is asking for medication refills however the urine toxicology testing does not reveal that he is taking medication as prescribed. Additionally the patient has been on Norco since at least 8/23/12 without significant improvement in patient's pain or function. The MTUS guidelines state, " When to Discontinue Opioids:(a) If there is no overall improvement in function, unless there are extenuating circumstances 7) When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain." The request for pharmacy purchase of Norco 10/325mg #120 is not medically necessary.

### **CYCLOBENZAPRINE 7.5 MG # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Cyclobenzaprine Page(s): 63-64; 41-42.

**Decision rationale:** Cyclobenzaprine Hydrochloride 7.5mg #60 is not medically necessary per MTUS guidelines. Per guidelines:" This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)." From documentation submitted patient has been on this medication longer than the 2-3 week recommended period (since at least 8/23/12) and therefore Cyclobenzaprine 7.5 mg #60 is not medically necessary.