

<b>Case Number:</b>	CM13-0062158		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Pain 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:

The patient is a 26-year-old male who was injured on 06/12/2012 while lifting very heavy sheet metal. Prior treatment history has included epidural injections, physical therapy and medication therapy. On 06/25/2013, the medications include Norco and Flexeril. On 11/12/2013, the medications include: Cyclobenzaprine 7.5 mg tablet take 1 tablet at bedtime as needed Hydrocodone 7.5 mg-acetaminophen 325 mg tablet, Pamelor 10 mg capsule take 1-2 capsule at bedtime as needed by oral route, ERX. The lab results dated 04/29/2013 indicated positive detection of hydrocodone (3781ng/mL) and hydromorphone (1290ng/mL). Hydrocodone and hydromorphone are indicative of use of a hydrocodone medication. The lab results dated 05/20/2013 stated prescribed medications included hydrocodone and cyclobenzaprine. The results revealed a positive detection of hydrocodone (1250ng/mL and hydromorphone (320ng/mL). Hydrocodone and Hydromorphone are indicative of use of a hydrocodone medication. This result confirms the prescription medication hydrocodone. The lab Results dated 08/19/2013 indicated prescribed medications hydrocodone and cyclobenzaprine. The results revealed a positive detection of hydrocodone (1731ng/mL) and hydromorphone (670ng/mL). Hydrocodone and Hydromorphone are indicative of use of a hydrocodone medication. This result confirms the prescription medication hydrocodone; not witness; temp not given or not in range. The lab results dated 10/17/2013 indicated prescribed medications Norco and cyclobenzaprine. The results revealed a positive detection of hydrocodone (4129ng/ml) and hydromorphone (1911ng/ml). Hydrocodone and Hydromorphone are indicative of use of a hydrocodone medication. This result confirms the prescription medication Norco; not witness; temp not given or not in range. The lab results dated 11/14/2013 indicated prescribed medications hydrocodone and cyclobenzaprine; hydrocodone (1388ng/ml) and hydromorphone (1205ng/ml); Hydrocodone and Hydromorphone are indicative of use of a hydrocodone

medication. This result confirms the prescription medication hydrocodone; not witness; temp not given or not in range. Progress report note dated 10/14/2013 documented the patient to have complaints of ongoing low back pain and right lower extremity pain. He has had physical therapy and these conservative measures have been exhausted. In fact, physical therapy reportedly made his pain worse. He underwent a right L5-S1 transforaminal epidural steroid injection and as previously reported the severe right lower extremity radicular pain reduced 50%. He was able to return to work after the injection. He enjoyed much greater ease with his activities of daily living (ADLs). He stated today in retrospect the pain relief was closer to 75%. Now, nearly 4 months later, the right lower extremity radicular pain was worsening and he was having increased difficulty with his job duties, ADL's, sleep and bowel movement. He was asking for a repeat of the epidural steroid injection (ESI). His pain radiated down the right lower extremity, with numbness and tingling mainly in the posterior lateral thigh, and leg, and at times to the lateral right foot. He had difficulty with sleep and bowel movement. Pain management evaluation note dated 11/12/2013 documented the patient to have complaints of significant low back pain and bilateral lower extremity pain. He had numbness, tingling, and subjective weakness in the right lower extremity. The pain was worsened with most activities. He reported that his symptoms were almost debilitating. He always felt weak in the right lower extremity, and he felt that there was fatigue in his low back and down the lower extremities. His pain was worsened with prolonged sitting or driving. He had pain even at nighttime. His medications were not helpful, and there may have been some degree of agitation or excitation with the Norco at nighttime. Cyclobenzaprine was no longer allowing him better sleep. . He was asking if he could have a beer at night or even try medical marijuana; those issues were discussed. Objective findings on exam included the patient was alert and oriented. He was clearly uncomfortable. His gait was mildly antalgic. Vital signs were stable. He was able to heel walk and toe walk; palpation of the low back showed tenderness and there was some paraspinous muscle spasms. There was worsening pain with forward flexion and also with back ward extension. There were no skin lesions. In the lower extremities, there was decreased sensory in the right posterolateral thigh and leg. Deep tendon reflexes were 2+/2 in both knees and in the left ankle, and decreased in the right ankle. Straight leg leg raise test was positive on the right, but not on the left.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CYCLOBENZAPRINE 7.5MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Cyclobenzaprine Page(s): 41.

**Decision rationale:** Per CA MTUS, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is modest and is greatest in the first 4 days of treatment, suggesting shorter courses may be better. The documentation provided for review show the patient has been prescribed this medication since at least May 2013 without marked improvement. The patient stated on the pain management evaluation dated 11/12/2013 that the Cyclobenzaprine was no longer allowing him to sleep better. There is no documentation to support the continued use of this medication. The request is therefore non-certified.

**RETROSPECTIVE ROUTINE URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Screen

**Decision rationale:** Per CA MTUS, drug testing is recommended to assess for the use or the presence of illegal drugs. They can be utilized prior to a trial of opioid therapeutic treatment or as a part of the ongoing management of opioid use. The patient had prior testing on 04/29/2013, 05/20/2013, 08/19/2013 and 10/17/2013. There is no documentation of abuse, addiction or a change in the pain control from prior examinations. Further, the Official Disability Guidelines (ODG) states, "Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." "Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." The patient's prior urine drug test was performed one month prior to the requested testing. There was no documentation indicating the need for this repeated test just one month following. Therefore the request is not certified.