

<b>Case Number:</b>	CM13-0063549		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/24/2001
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Occupational 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 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 63-year-old male with an 11/24/01 date of injury. At the time of request for authorization for Hydrocodone 10/325mg, #45 and Cyclobenzaprine 7.5mg, #30, there is documentation of subjective low back and pain in the hip and objective findings of diffuse tenderness to palpation throughout the lumbar paraspinal musculature with spasms. Current diagnoses include status post L4-S1 fusion, left sacroiliitis, facet arthropathy and degenerative disc disease L2-3 and L3-4; and chronic low back pain. Treatment to date consists of home exercise program and medications. 11/11/13 medical report indicates that the patient is currently taking Norco 10/325mg (Hydrocodone 10/325 mg) up to six per day and Flexeril (Cyclobenzaprine) for spasm and notes that with these medications, allows the patient to do their normal functions at home, including their chores as well as provide self-care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg, #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate 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 Lortab. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks). The Official Disability Guidelines (ODG) identifies that the criteria for use of opioids include documentation of pain and functional improvement and compare to baseline (satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life; and Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument). Within the medical information available for review, there is documentation of diagnoses of status post L4-S1 fusion, left sacroiliitis, facet arthropathy and degenerative disc disease L2-3 and L3-4; and chronic low back pain. In addition, there is documentation of pain and functional improvement from use of medications. 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, given documentation of records reflecting prescriptions for Hydrocodone 10/325mg since at least 11/26/12, there is no documentation of the intention to treat over a short course (less than 16 weeks). The request for Hydrocodone 10/325mg, #45 is not medically necessary and appropriate.

**Cyclobenzaprine 7.5mg, #30:** Upheld

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

**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 Cyclobenzaprine is recommended for a short course of therapy. The Official Disability Guidelines (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 status post L4-S1 fusion, left sacroiliitis, facet arthropathy and degenerative disc disease L2-3 and L3-4; and chronic low back pain. In addition, there is documentation of muscle spasms. However, given documentation of an 11/24/01 date of injury, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 11/26/12, there is no documentation of the intention to treat over a short course (less than two weeks). The request for Cyclobenzaprine 7.5mg, # 30 is not medically necessary and appropriate.

