

<b>Case Number:</b>	CM13-0066102		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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:

This 56 year-old male sustained an injury on 9/15/05 while employed by the [REDACTED]. Requests under consideration include Cyclobenzaprine 10MG #90, Hydrocodone/APAP 10/325MG #75, Lansoprazole 30MG DR #30, and Morphine 200MG ER #60. Report of 8/23/13 from the provider noted patient with complaints of low back pain. Diagnoses include lumbosacral disc degeneration. Exam showed limited lumbar range with flex/ext of 40/5 degrees with painful lateral rotation; unable to perform toe walk but heel walk is stable; straight leg raises positive bilaterally at 40 degrees. Report of 11/26/13 from the provider noted patient with arm pain; low back pain; at visit for medication refills; continues to smoke. Medications list Lansoprazole, Calcium-Magnesium, stool-softener, flexeril, baclofen, Hydrocodone/Acet, Diazepam, MS Contin. Exam showed lumbar flexion/ext 60/10 degrees; heel and toe walking was a little bit unsteady; positive straight leg raise at 50 degrees. Diagnoses included degenerative disc disease Lumbosacral spine. Per neurosurgical evaluation, the patient is not a surgical candidate and has been deemed permanent and stable since 8/29/08. Requests for the above medications were non-certified on 12/9/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 10MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2005. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Cyclobenzaprine 10MG #90 is not medically necessary and appropriate.

**HYDROCODONE/APAP 10/325MG #75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The HYDROCODONE/APAP 10/325MG #75 is not medically necessary and appropriate.

**LANSOPRAZOLE 30MG DR #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, 68-69 Page(s): 68-69.

**Decision rationale:** Lansoprazole medication is for treatment of the problems associated with erosive esophagitis from gastroesophageal reflux disease, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Lansoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Lansoprazole 30MG DR #30 is not medically necessary and appropriate.

**MORPHINE 200MG ER #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines state, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. It has been noted the patient has been prescribed Morphine since 2005 without functional improvement or weaning attempt. The Morphine 200MG ER #60 is not medically necessary and appropriate.