

<b>Case Number:</b>	CM14-0007808		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	12/19/1997
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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 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 represented Marine Post-Acute Network employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 19, 1997. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; unspecified amounts of physical therapy; opioid therapy; and an earlier lumbar laminectomy surgery. In a Utilization Review Report dated January 9, 2014, the claims administrator denied a request for Norco, approved a request for Naprosyn, approved a request for Prilosec, and denied a request for Fexmid (cyclobenzaprine). The claims administrator did not incorporate cited guidelines into its rationale. The patient's attorney subsequently appealed. In a December 17, 2013 progress note, the patient was described as having persistent complaints of pain, 4/10. The patient was able to perform simple chores around the home, cooking, cleaning, and doing laundry. It was stated that the patient was using Norco once to twice daily for breakthrough pain. It was stated the combination of MS Contin and Norco had allowed the patient to keep working. The patient reported relief in GI discomfort symptoms with ongoing usage of Prilosec. The patient was reportedly using Fexmid or cyclobenzaprine twice daily, it was stated. Permanent work restrictions were endorsed. The patient was apparently returned to work. Trigger point injections were performed in the clinic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria For Use Of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to work. The attending provider has seemingly posited that the applicant has achieved and/or maintained successful return to work status with ongoing opioid therapy. The applicant is able to perform household chores, including cooking, cleaning, laundry, etc., also reportedly achieved as a result of ongoing opioid usage. The applicant's pain levels have apparently been reduced through ongoing opioid therapy. The applicant is apparently doing home exercises, again also reportedly achieved through ongoing opioid therapy. Therefore, the request is medically necessary, for all of the stated reasons.

**RETROSPECTIVE FEXMID 7.5 MG DATE DISPENSED 12/17/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria For Use Of Opioids.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine (Fexmid) to other agents is not recommended. In this case, the patient is using a variety of other opioid agents, including Norco, MS Contin, Naprosyn, and Topamax. Adding cyclobenzaprine or Fexmid to the mix is not recommended. Therefore, the request is not medically necessary.