

<b>Case Number:</b>	CM14-0009980		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/09/2005
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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:

he patient is an employee of [REDACTED] and has submitted a claim for lumbar sprain, lumbosacral neuritis, bilateral pes planus, posterior tibialis tendinitis and bilateral tarsal tunnel syndrome associated with an industrial injury date of February 9, 2005. The treatment to date has included oral analgesics, muscle relaxants, lumbar spine surgery, lumbar epidural steroid injections, aquatic therapy and physical therapy. Medical records from 2013 were reviewed and showed complaint of lower back spasms, bilateral knee joint, ankle and feet pain. The pain is alleviated with Norco 10/500mg in the morning and 5/325 BID PRN for breakthrough pain. Latest physical examination of the back was on September 25, 2013 and revealed normal findings. Physical examination of the ankles revealed swelling around the ankle with reproducible pain on motion. No sensory deficit was noted. Flexeril intake for lower back muscle spasms was only noted on a progress report on September 13, 2013 because the patient was asking for a refill. Norco intake was noted as far back as June 21, 2013, however the duration and frequency of use were not specified. The utilization review dated January 17, 2014 denied the requests for Cyclobenzaprine 5mg #30 and Norco 5/325mg #75 because there were no current clinical records to attest a present need for the medications requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 5MG, #30 NO REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN.

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

**Decision rationale:** s stated on pages 63-64 of the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, the patient has been complaining of chronic low back pain and was taking Flexeril for the muscle spasms. However, the documents submitted lack objective evidence to support the subjective complaints. The latest physical examination of the back was on Septmeber 25, 2013 and did not show any significant findings. There was no indication for the use of the medication based on the information provided. Therefore, the request for Cyclobenzaprine 5mg #30 is not medically necessary.

**NORCO 5/325MG, #75 NO REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-80.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines page 80, opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Ongoing opioid treatment should include monitoring of domains summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). In this case, the patient has been taking opioids for pain noted as far back as June 2013. Overall functional gains and pain relief were not discussed. Therefore, the request for Norco 5/325mg #75 no refill is not medically necessary.