

<b>Case Number:</b>	CM14-0102154		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 2/25/10 date of injury, and lumbar decompression and fusion on 12/10/13. At the time (5/15/14) of request for authorization for Percocet 10/325mg #180 and Flexeril 7.5mg #90, there is documentation of subjective (cervical and lumbar spine pain) and objective (noted myospasms of the lumbar paraspinals, tenderness over the bilateral facet and sciatic notch, positive Kemp's test, radiating pain on straight leg raising test, and decreased sensation along the left L5 dermatome) findings, current diagnoses (multilevel disc protrusion at L1 through S1, intractable low back pain, lumbar myofascial pain syndrome, lumbar discopathy, lumbar radiculopathy, and sprain/strain of the lumbar spine), and treatment to date (medications (including Medrol and ongoing treatment with Flexeril and Percocet since at least 2/6/14) and epidural steroid injection). Regarding Percocet, 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; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Percocet use to date. Regarding Flexeril, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of R.

**Decision rationale:** 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 opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of multilevel disc protrusion at L1 through S1, intractable low back pain, lumbar myofascial pain syndrome, lumbar discopathy, lumbar radiculopathy, and sprain/strain of the lumbar spine. 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 ongoing treatment with Percocet since at least 2/6/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Percocet 10/325mg #180 is not medically necessary.

**Flexeril 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation ODG-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Other Medical Treatment Guideline or Medical Evidence: Title 8, C. 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 Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. 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 multilevel disc protrusion at L1 through S1, intractable low back pain, lumbar myofascial pain syndrome, lumbar discopathy, lumbar radiculopathy, and sprain/strain of the lumbar spine. In addition, there is documentation of myospasm. Furthermore, given documentation of treatment with opioid, there is documentation of Flexeril used as a second line agent. However, given documentation of ongoing treatment with Flexeril, and a request of Flexeril 7.5mg #90, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg #90 is not medically necessary.