

<b>Case Number:</b>	CM14-0104550		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/23/2007
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Tennessee. 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 48-year-old male who has submitted a claim for intervertebral disc disorder with myelopathy: lumbar region and intervertebral disc disorder with myelopathy, unspecified region associated with an industrial injury date of January 23, 2007. Medical records from 2010 were reviewed. There was no recent progress notes. According to the UR, the patient complained of persistent low back pain. After lumbar facet rhizotomy on 3/13/14, the patient had 75 percent pain relief to the lower back with improved mobility and activity tolerance. The patient had been able to work with less pain overall. The claimant had been experiencing numbness in the right foot. The pain was rated 5/10. There was tenderness in the posterior lumbar musculature bilaterally with increased muscle rigidity and numerous trigger points were noted. Facet loading caused pain bilaterally. There was decreased range of motion, positive straight leg raise, and decreased reflexes in the Achilles bilaterally. The patient was taking Norco tablets 6-8 tablets once a day, Anaprox, Prilosec and Fexmid. Utilization review from June 10, 2014 denied the request for Norco 10/325 6-8 tablets once a day #240 and Fexmid 7.5mg #60 (for short term use as needed). The request for Norco was modified to Norco 10/325 mg 6-8 tablets once a day #60 because there was no documentation of efficacy such as measurable decrease in pain and functional improvement with prior use of opioid and tapering was needed to prevent development of withdrawal syndrome. The request for Fexmid was denied because the patient had been using the drug for longer than 2-3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 6-8 tablets once a day #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the UR mentioned that there was no documentation of efficacy such as measurable decrease in pain and functional improvement with prior use of opioid. It also mentioned that there was no mandated documentation such as current urine drug test with results, attempts at weaning/tapering and an updated and signed pain contract between the provider and the patient. Without these, the necessity for ongoing opioid use was not established. The request for Norco 10/325 6-8 tablets once a day #240 is not medically necessary.

**Fexmid 7.5mg #60 (for short term use as needed):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. In this case, the UR mentioned that the patient had been using Cyclobenzaprine for more than 2-3 weeks, which is the guideline recommended limit. Although there was still evidence of muscle spasm based on the most recent physical exam, long-term use of muscle relaxant is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Fexmid 7.5mg #60 (for short term use as needed) is not medically necessary.