

<b>Case Number:</b>	CM14-0105341		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/16/2014
<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 55-year-old female who has submitted a claim for adhesive capsulitis of shoulder associated with an industrial injury date of 3/24/2008. Medical records from 1/2/2014 up to 7/10/14 were reviewed showing continued left shoulder and neck pain. Quality of pain was described as aching and dull. Severity was noted as low-grade and tolerable. Pain is aggravated by lifting, carrying heavy objects, pulling, and reaching overhead. Pain is relieved by resting and intake of medications. Pain was associated with weakness. Physical examination was not elaborated but was noted to be within normal limits. Treatment to date has included Cyclobenzaprine 5mg, Norco 5/325, Percocet 5/325, Prilosec, levothyroxine, amlodipine, lisinopril, and Vicodin. Utilization review from 6/16/2014 denied the request for Cyclobenzaprine 5mg #30 and Norco 5/325mg #30. Regarding cyclobenzaprine, there is no documentation of an acute exacerbation of chronic LBP or documentation of efficacy to support ongoing use. Regarding Norco, there is no documentation why the patient needs to start another short acting opioid, when she is already taking Percocet. Furthermore, the documentation does not identify quantifiable pain relief and functional improvement, appropriate medication use, and lack of aberrant behaviors and intolerable side effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine 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. In this case, the patient has been taking Cyclobenzaprine 5mg since at least 1-2-2014. There was no documentation of muscle spasms or the need for a muscle relaxant in the history and physical examination. Furthermore, the efficacy of this drug is greatest within the first four days of use. The patient has been chronically using this medication without evidence of muscle spasms and functional benefit. In addition, the frequency of intake was not indicated. Therefore the request for CYCLOBENZAPRINE 5MG #30 is not medically necessary.

**Norco 5/325mg #30:** Upheld

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

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. In this case, the patient has been using Norco 5/325mg since 5/9/14. In addition, the patient is also taking Percocet since at least 1/2/2014. It was noted in PR dated 6/11/14 that the patient has stopped taking pain medications altogether. However, in PR dated 7/10/14, the patient began taking Vicodin. The need for a second opioid was not discussed in the documents provided. Furthermore, the patient's pain level and functional improvement have remained unchanged. Moreover, there is no documentation of a recent UDS to monitor aberrant behavior with the use of opioids. Therefore the request for NORCO 5/325mg #30 is not medically necessary.