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| <b>Case Number:</b>   | CM14-0105914 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 11/29/2012 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 06/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 34-year-old male who reported an injury on 11/29/2012 when he was driving his tractor and his right leg fell asleep which was followed by pain. The injured worker's diagnoses were degeneration of lumbosacral intervertebral disc, fibromyositis, and displacement of lumbar intervertebral disc without myelopathy. The injured worker's past treatments included acupuncture, chiropractic, physical therapy and medication therapy. The injured worker has no prior surgeries submitted for review. The injured worker complained of low back pain with increased numbness and tingling in his left leg, as well as the onset of small vibration in lower right leg. The injured worker complained of pain at 1/10 on average, and his worst pain score was 2/10 and was noted to be improving with treatment. On physical examination dated 06/12/2014, there was some diminished to light touch sensation in the L5 on the left side dermatomal distribution. Muscle spasms were not documented on examination. Range of motion was within normal limits and there was not tenderness to palpation. The injured worker's medications were cyclobenzaprine 1 tablet twice a day, Terocin 4% patch apply one patch every day as needed and nabumetone 500mg one tablet twice a day. The treatment plan is for the request of cyclobenzaprine 10 mg #60 times 30 days refills #5 and nabumetone 500 mg #60 thirty days refills times 5. The rationale for the request was not submitted with documentation. The Request for Authorization form was provided with documentation submitted for review dated 06/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60 x 30 dys refills x5:** Upheld

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

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

**Decision rationale:** The injured worker complained of pain in the lower back and rated it at 1/10 on average. Worst pain score was at 2/10. The California MTUS Guidelines recommend non-sedating muscle relaxers with caution as a first line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The Guidelines note muscle relaxants are recommended for short term use of 2-3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, most low back pain cases show no benefits beyond NSAIDs in pain and overall improvement. There is lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant functional improvement. In addition, the request fails to mention the frequency of the proposed medication. Additionally the injured worker has been utilizing the medication since at least 11/2013 which exceeds the guideline recommendations of short term use of 2-3 weeks. As such, the request for cyclobenzaprine 10 mg #60 times 30 days, refills times 5 is not medically necessary.

**Nabumetone 500mg #60 30dys refill x5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** There is documentation that the injured worker reported that average was 1/10 and worst pain was 2/10. According to the California MTUS, NSAID (nonsteroidal anti-inflammatory drugs) are recommended as an option for short-term symptomatic relief of chronic low back pain. Review of literature on drug relief for low back pain suggests that NSAIDs were no more effective than any other drug such as acetaminophen, a narcotic analgesic, or a muscle relaxant. There is inconsistent evidence of the use of these medications to treat long term lower back pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. The injured worker has been using this medication since at least 11/2013. There is lack of documentation within the medical records indicating efficacy of the medication as evidenced by significant functional improvement. In addition, the request failed to mention the frequency of the proposed medication. As such, the request is not medically necessary.

