

<b>Case Number:</b>	CM14-0106607		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 & Rehabilitation, 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 39-year-old male who reported an injury on 08/30/2013. The injury reportedly occurred when he was handing a skylight to another worker and the other worker did not grab the skylight, resulting in the injured worker being bent backwards into a wall. The injured worker reported feeling immediate pain in the middle of his back. Diagnoses included lumbar strain and thoracic spine herniated nucleus pulposus. Past treatments included physical therapy, chiropractic care, medications. Diagnostic studies included 6 view x-ray of the lumbar spine and a 4 view x-ray of the thoracic spine. There was no pertinent surgical history provided. On 03/12/2014 the injured worker complained of mid back pain. The pain is described as stabbing and rated at a 6/10 to 7/10. He had some low back pain, which rated at a 2/10. He noted occasional left greater than right bilateral thigh numbness and tingling. He denies any pain that radiates into the rib region. Current medications include Vicodin, Flexeril, NSAIDs and Prilosec. The treatment plan is to request an MRI of the thoracic spine, request chiropractic treatment for the back 2 times a week times 4 weeks to include therapeutic exercise and modalities. Norco 5/325 every 12 hours as needed for severe pain, Flexeril 7.5 every 12 hours as needed for muscle spasm and LidoPro cream. Labs and followup in 4 weeks. The request is for #90 cyclobenzaprine 7.5 mg, max of 3 per day and #120 hydrocodone 7.5/325 mg max of 3 per day. The rationale was not provided. The Request for Authorization was dated 03/12/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#90 Cyclobenzaprine 7.5mg, max of 3 per day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation <http://www.odgtwc.com/odgtwc/pain.htm>.

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

**Decision rationale:** The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided indicating how long the injured worker has used cyclobenzaprine, the guidelines recommend cyclobenzaprine as a short course of therapy. The guidelines also recommend non-sedating muscle relaxants with caution as a second line for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. This medication only supports short term use for chronic pain. Chronic use is not supported. As such, the request is not medically necessary.

**# 120 Hydrocodone 7.5/325mg, max of 3 per day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

**Decision rationale:** The California MTUS Guidelines recommend short acting opioids for immediate release an effective method of controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen or aspirin. Ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects is needed. The guidelines also state pain assessment should include current pain, the least reported pain over the period since last assessed, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. There is lack of documentation for home exercise program. There is lack of documentation of any progress toward improved function with return to work or even independent self management. As such, the request is not medically necessary.