

<b>Case Number:</b>	CM14-0012429		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/25/2002
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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. 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 60-year-old male who reported an injury on 11/25/2002, secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/11/2013 for reports of ongoing neck, mid, and low back pain rated at 8/10. The injured worker also reported radiating pain and numbness down both legs and feet, as well as both arms and hands. The injured worker has been authorized for a rhizotomy, which is scheduled for 12/12/2013. The injured worker indicates the medications help decrease pain and allow function. The exam noted antalgic gait, decreased cervical, thoracic, and lumbar range of motion in all planes, with lumbar extension less than 5 degrees. Tenderness to palpation was noted to the cervical and thoracic paraspinals, as well as facet joints of the lumbar spine. A positive facet challenge was noted, along with increased pain with lumbar extension. The motor exam noted 4+/5 for bilateral quadriceps, hamstrings, tibialis anterior, and extensor hallucis longus limited by pain. An unofficial urine toxicology screen dated 07/23/2013 was consistent with current medications. The diagnoses include facet arthropathy, moderate canal stenosis, lumbar radiculopathy, C5-6 fusion, and medication-induced gastritis. Treatment plan includes rhizotomy, continued medication therapy, ice modalities, and TENS unit. The Request for Authorization dated 12/11/2013 was found in the documentation provided. The rationale for the request was the medications were controlling the injured worker's pain and allowing him to function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 10/325 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HYDROCODONE (VICODIN, LORAB),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for hydrocodone 10/325 mg #90 is non-certified. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is significant evidence of an objective assessment of the injured worker's pain level rated at 8/10, and the injured worker indicated he was able to walk for longer distances and do more activities at home, including doing laundry and cleaning with medication. There is an unofficial urine drug screen indicating consistency with current medications. The injured worker did indicate he was able to decrease his Norco by half. Therefore, continuing the prescription as prescribed before is not indicated. Therefore, based on the documentation provided, the request is non-certified.

**ELAVIL 10 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The request for Elavil 10 mg #60 is non-certified. The California MTUS Guidelines recommend antidepressants as a first-line option for neuropathic pain and as a possibly for non-neuropathic pain. Assessment of treatment of efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects including excessive sedation should be assessed, and it is recommended that these outcome measurements should be imitated at 1 week of treatment with a recommended trial of at least 4 weeks. There is a significant lack of objective evidence of the injured worker's sleep duration and quality, psychological assessment, and efficacy with changes in other medications. Therefore, based on the documentation provided, the request is non-certified.

**FLEXERIL 7.5 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FLEXERIL (CYCLOBENZAPRINE),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The request for Flexeril 7.5 mg #60 is non-certified. The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed muscle relaxants since at least 06/11/2013. This time frame exceeds the time frame to be considered short-term. Therefore, the request is non-certified.