

<b>Case Number:</b>	CM14-0013481		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/14/2005
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 14, 2005. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; epidural steroid injection therapy; earlier lumbar spine surgery in December 2012; and muscle relaxants. In a Utilization Review Report dated January 2, 2014, the claims administrator failed to approve request for Cyclobenzaprine and Norco. In a progress note dated March 13, 2013, the applicant was described as off of work, on total disability. The applicant stated that she was not doing well and was still using a cane to move about. The applicant's medication list was not furnished on this occasion. On July 15, 2013, the applicant was again described as having persistent complaints of low back pain radiating into the right lower extremity. The applicant was apparently presenting for medication refills on this occasion. The applicant was using a spinal cord stimulator. The applicant had BMI of 24. The applicant's medication list included Duragesic, naproxen, Colace, senna, Percocet, and Prilosec. Many of the medications in question were refilled. The applicant was asked to follow up with neurosurgery to obtain a permanent spinal cord stimulator implantation. The trial stimulator was implanted on May 14, 2013. On November 27, 2013, the applicant presented with persistent complaints of low back pain radiating into the right leg. The applicant stated that combination of medications and the spinal cord stimulator were improving her ability to walk more and take better care of her young son. The applicant was using Prilosec, Norco, and Fentanyl. The applicant received multiple medications refills. The attending provider reiterated that the combination of spinal cord stimulator and/or Norco were ameliorating the applicant's ability to walk, move about, and

perform other activities of daily living, including household chores. Norco and Flexeril were both refilled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CYCLOBENZAPRINE 7.5 MG, 1 TABLET TWICE A DAY FOR 30 DAYS, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS - ANTISPASMODICS: CYCLOBENZAPRINE Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using two other opioid medications, Duragesic and Norco. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**NORCO 325/10 MG, 1 TABLET TWICE A DAY FOR 30 DAYS, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST: HYDROCODONE/ACETAMINOPHEN Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, it appears that two of the three criteria have been met. The applicant is reporting appropriate analgesia and improved ability to perform activities of daily living, including household chores, caring for her son, walking, standing, etc., reportedly attributed to ongoing opioid therapy including ongoing Norco usage. Although, it is acknowledged that the applicant had seemingly failed to return to work. Nevertheless, continuing Norco, on balance, does appear to be indicated. Therefore, the request is medically necessary.