

<b>Case Number:</b>	CM14-0018360		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 male with a work injury dated 9/16/08. His diagnoses include backache, nonallopathic lesions of cervical region, nonallopathic lesions of lumbar region, nonallopathic lesions of thoracic region, coronary atherosclerosis, coronary arteriosclerosis, hypertensive disorder. There is a request for Vicodin, Cyclobenzaprine and Mobic. The documentation indicates that the patient is on multiple hypertensive medications. A 2/6/14 office visit states that the patient complains of back pain. The onset was 1991 and the location is cervical and lumbar spine. The duration is constant with episodic flares. This week the pain is 7-8/10. The quality of pain is a deep aching. The pain is alleviated with meds and associated with spasm. On exam the blood pressure is 152/84. The back exam reveals normal ROM (Range Of Motion); normal muscle strength and tone; Gait and station unremarkable; paraspinal spasm is present in cervical/thoracic and lumbar. The deep tendon reflexes and sensation are normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500MG #150:** 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, OPIOIDS FOR CHRONIC PAIN, 80-81

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, criteria for Page(s): 76-80.

**Decision rationale:** Vicodin 5/500 #150 is not medically necessary per the MTUS guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain has improved patient's pain or functioning to a significant degree therefore Vicodin is not medically necessary. The MTUS guidelines state to continue opioids if the patient has returned to work and the patient has improved functioning and pain". The request for Vicodin 5/500 #150 is not medically necessary.

**CYCLOBENZAPRINE 10MG #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, MUSCLE RELAXANTS, 63-66

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Cyclobenzaprine (Flexeril) ; Antispasmodics Page 63.

**Decision rationale:** Cyclobenzaprine Hydrochloride 10mg #90 is not medically necessary per MTUS guidelines. Per guidelines:" This medication is not recommended to be used for longer than 2-3 weeks. From documentation submitted patient has been on this medication longer than the 2-3 week recommended period and has not had any functional improvement therefore continued use of Cyclobenzaprine Hydrochloride is not medically necessary.

**MOBIC 15MG #30:** 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, ANTI-INFLAMMATORY MEDICATIONS, 22

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69-70.

**Decision rationale:** Mobic 15mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted reveals that the patient has hypertension and is on multiple hypertensive medications. The MTUS guidelines state that NSAIDs have the potential to raise blood pressure in susceptible patients. The documentation indicates that the patient continues to have elevated blood pressure despite being on multiple hypertensive medications. The continued use of NSAID use in this patient is not appropriate. The patient also has not had significant functional improvement despite his Mobic use. The request for Mobic 15mg #30 is not medically necessary.

**TRIGGER POINT INJECTIONS FOR BACK FLARES 1 TO 2 TIMES A YEAR: 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, TRIGGER POINT INJECTIONS, 122

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** Trigger point injections for back flares 1-2 times per year are not medically necessary per the MTUS guidelines. The guidelines states that there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation submitted does not reveal evidence of this and therefore the request for trigger point injections for back flares 1-2 times per year is not medically necessary.