

<b>Case Number:</b>	CM14-0111636		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 claimant injured her low back on 02/13/14 while lifting a heavy trash bag. Medrol, Ibuprofen, Norco, and Cyclobenzaprine are under review. An MRI on 04/01/14 revealed disc degeneration at L3-4 through L5-S1 and a disc extrusion at L4-5 with probable impingement on the L5 nerve root. She attended physical therapy (PT) from 03/20/14 through 05/01/14 for 12 visits and her pain was 4/10 when it ended. On 06/25/14, she was evaluated and her medications included Cyclobenzaprine, Flexeril from another physician, Ibuprofen, Medrol, Naprosyn from another physician, and Norco. She was prescribed Medrol to take for 5 days and stop on 06/30/14. She had unremitting pain. An epidural Steroid injection, 6 sessions of PT, and medications for pain were ordered. She was in no acute distress and had a normal gait. She was advised to continue home exercises and a lumbar epidural Steroid injection (ESI) was awaiting authorization. During the physical examination, she had to continuously change from seated to standing and then when seated had to stay off her left butt cheek. She had difficulty arising from a chair and a markedly antalgic gait favoring her left lower extremity. She could not heel or toe walk. There were some myofascial findings. She had a positive seated straight leg raise on the left with pain radiating to the calf and absent ankle reflexes. She had 3/5 weakness of the left extensor hallucis longus (EHL). There was also hypesthesia in the left lower extremity at the L5 and S1 dermatomes. She had left lower extremity radiculopathy and diffuses regional myofascial pain. She had 10/10 pain on 07/28/14. She had a limp and antalgic gait and avoided putting weight on her left lower extremity. Her pain medications reduced her pain to 8-9/10. A lumbar epidural steroid injection was pending authorization. She was to continue PT. On 08/14/14, she reported her pain was intermittent and up to 6-7/10. She was taking 2 pain pills per day which was much less. She had better activity tolerance. She had less pain down her left leg and less tingling. PT had helped significantly and she was doing home exercises daily. She

had some weakness of the anterior tibia and extensor halluc longus. Her walking, sitting, and standing tolerances were 10-20 minutes. On 08/22/14, her diagnoses included degenerated lumbosacral disc. She had left-sided low back pain in the left L4-5 and left S1 distributions. It was aching burning and tingling. Her pain score was 5-6/10. She also reported numbness and tingling in the left lower extremity. She had problems with sleeping and her activities. She required minimal assistance from others for some of her activities of daily living. She was walking about 1/2 mile per day. She was taking Ibuprofen, Flexeril, and Norco with a 50% decrease in pain. She reported taking Norco one twice a day with 50% decrease in pain.

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

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

**Medrol 4mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG): Formulary - Oral Corticosteroids.

**Decision rationale:** The history and documentation do not objectively support the request for a Medrol dose-pack 4 mg. The MTUS do not address oral corticosteroids of chronic low back pain. The ODG state they may be "recommended for acute radicular pain but not chronic pain.... Criteria for the Use of Corticosteroids (oral/parenteral for low back pain):(1) Patients should have clear-cut signs and symptoms of radiculopathy;(2) Risks of steroids should be discussed with the patient and documented in the record;(3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record;(4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury."At the time that the Medrol was prescribed on (06/25/14), the claimant's pain was described as chronic and unremitting. The anticipated benefit to her of this medication is not stated and cannot be ascertained from the records. The medical necessity of this request for Medrol 4 mg has not been clearly demonstrated.

**Ibuprofen 800mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for Chronic Pain, Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for continued use of Ibuprofen 800 mg #60 with 5 refills for the claimant's chronic pain. The MTUS state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, there is evidence of radicular pain and degenerative disc disease of the low back. There is no description of osteoarthritis and no indication that this medication is being use for acute exacerbations of chronic back pain. The claimant's pattern of use of this medication is unclear, including when she takes it, what pain relief she receives, how long it lasts, or the objective measurable or functional benefit she receives from it. There is mention of 50% reduction in pain but it is not clear whether she gets 50% reduction of pain specifically from the use of this medication or a combination of medications or how this has been determined. There is no evidence of significant inflammation to support its use prior to a trial of first line medication such as Acetaminophen. It is not clear that the claimant is using this medication for breakthrough pain or acute flare ups of chronic back pain. The medical necessity of the use of Ibuprofen 800 mg #60 for chronic pain has not been demonstrated. There is no evidence that she has chronic pain that is not likely to resolve over time and for which 5 refills are also likely to be needed.

**Norco 10/325mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, Norco 10/325 mg #60 with 1 refill. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further

explains, "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 also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is brief mention that her medications reduce her pain by 50% but it is not clear exactly what benefit she receives from this medication, including whether the 50% relief is received from each medication separately or the combination. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than she takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. There is no documentation of urine drug screens to monitor her compliance. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated.

**Cyclobenzaprine 10mg #60 with 5 refills: Upheld**

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

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

**Decision rationale:** The history and documentation do not objectively support the request for Cyclobenzaprine 10 mg #60 with 5 refills. The MTUS state for Cyclobenzaprine (Flexeril),"recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS states "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005) Up-to-date for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as Acetaminophen and her response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Cyclobenzaprine Hydrochloride 10 mg #60 with 5 refills is not medically necessary.