

<b>Case Number:</b>	CM14-0120076		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 57-year-old female with a 4/17/12 date of injury. At the time (7/2/14) of request for authorization for One prescription of Percocet 10/325mg #120, One prescription of Cyclobenzaprine 10mg #30, and One prescription of Aceladryl 500/25mg #50, there is documentation of subjective (upper, mid, and low back pain radiating through buttocks to behind the knees; and intermittent burning sensation in the groin area) and objective (limited cervical and lumbar range of motion) findings, current diagnoses (lumbar, cervical, and thoracic sprain/strain), and treatment to date (medications (including ongoing treatment with Percocet, Cyclobenzaprine, and Acetadryl since at least 1/30/14). Medical reports identify pain that is rated 10/10 without medications and 5/10 with medications, that medications improve activities of daily living and functionality, and ongoing opioid treatment assessments. Regarding Cyclobenzaprine there is no documentation of the intention to treat over a short course (less than two weeks)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Percocet 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar, cervical, and thoracic sprain/strain. In addition, given documentation of ongoing opioid treatment assessment, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Percocet, and that medications improve activities of daily living and functionality, there is documentation of functional benefit and an increase in activity tolerance as a result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg #120 is medically necessary.

**One prescription of Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar, cervical, and thoracic sprain/strain. In addition, given documentation of ongoing treatment with Cyclobenzaprine and that medications improve activities of daily living and functionality, there is documentation of functional benefit and an increase in activity tolerance as a result of Cyclobenzaprine use to date. However, there is no documentation of acute muscle spasms. In addition, given documentation of medical reports reflecting prescriptions for Cyclobenzaprine since at least 1/30/14, there is no documentation of the intention to treat over a

short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for One prescription of Cyclobenzaprine 10mg #30 is not medically necessary.

**One prescription of Aceladryl 500/25mg #50: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, antihistamines are not recommended for long-term insomnia treatment.

**Decision rationale:** An online search identifies that Acetadryl contains Acetaminophen and Diphenhydramine and is indicated for relief of occasional headaches and minor aches/pains with accompanying sleeplessness. MTUS does not address Diphenhydramine. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or acute exacerbations of chronic pain, as criteria necessary to support the medical necessity of Acetaminophen. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that antihistamines are not recommended for long-term insomnia treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar, cervical, and thoracic sprain/strain. In addition, given documentation of ongoing treatment with Acetadryl and that medications improve activities of daily living and functionality, there is documentation of functional benefit and an increase in activity tolerance as a result of Acetadryl use to date. However, given documentation of records reflecting prescriptions for Acetadryl since at least 1/30/14, there is no documentation of the intention to treat over a short course. Therefore, based on guidelines and review of the evidence, the request for One prescription of Acetadryl 500/25mg #50 is not medically necessary.