

<b>Case Number:</b>	CM14-0150854		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/16/1997
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Orthopedic Surgery 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 is a 58-year-old with an industrial injury dated May 16, 1997. The patient is status post an anterior cervical discectomy and fusion of C4-C5 as of August 2013. Cervical X-rays dated October 16, 2013 demonstrate a C3-4 anterior narrowing with lordosis reversal centered at this level with prominent ventral osteophyte, inferior C3 endplate abutting the superior aspect of the previously implanted fixation plate at C4-C5 and C3 on C4 2mm posterior subluxation on extension view indicating instability. However, cervical X-rays dated April 25, 2014 reveal C4-5 to C7-T1 fusion. Exam note 06/05/14 states the patient returns with neck and upper extremity pain. The patient reports that her current medications are helping with pain relief. Upon physical exam there was no obvious cervical deformity, moderate posterior cervical spine tenderness to palpation, limited range of motion, focal weakness, hypoactive but symmetric reflexes, and decreased sensation over the deltoid area. Diagnosis includes degenerative disc disease at C3-4 with gross instability. Treatment plan includes physical therapy, and a continuation of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, ninety count, provided on August 19, 2014:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed from June 5, 2014 there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, or increase in activity. Therefore the request for Norco 10/325 mg, ninety count, provided on August 19, 2014, is not medically necessary or appropriate.

**Colace 250 mg, sixty count, provided on August 19, 2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors Page(s): 15.

**Decision rationale:** Colace is utilized as a stool softener and use to treat opioid induced constipation. As the Norco is not medically necessary there is no indication for Colace. Therefore, the request for Colace 250 mg, sixty count, provided on August 19, 2014, is not medically necessary or appropriate.

**Flexeril 10 mg, ninety count, provided on August 19, 2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this particular case the patient has no evidence in the records of June 5, 2014 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore the request for Flexeril 10 mg, ninety count, provided on August 19, 2014, is not medically necessary or appropriate.

**Urine drug screen provided on August 19, 2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 94-95.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, use of urine toxicology is encouraged particularly when opioids are prescribed. It states that opioids, steps to avoid misuse/addiction. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse:a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement.b) Limitation of prescribing and filling of prescriptions to one pharmacy.c) Frequent random urine toxicology screens."In this case there is insufficient evidence of drug misuse to warrant urine toxicology. Therefore the request for a Urine drug screen provided on August 19, 2014 is not medically necessary or appropriate.