

<b>Case Number:</b>	CM14-0151621		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/29/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 38 year old male with an injury date on 11/29/2005. Based on the 08/25/2014 progress report provided by [REDACTED] for [REDACTED], the patient complains of back pain. The pain is located in the bilateral lumbar, starting on the left side. The patient describes his pain as burning and severe. The patient also has weakness in both legs, muscle spasms, and bilateral upper gluteal muscles. The symptoms are active and have been existing for 7 years. His current medications include Flexeril 10 mg, Norco 7.5/325, and Voltaren 1% Transdermal Gel. The progress reports provided do not discuss any positive exam findings. The diagnoses include the following: 1. Long-term (current) use of other medications 2. Back pain (L>R) 3. Facet syndrome 4. Lumbar spondylosis 5. Post Laminectomy Lumbar [REDACTED] is requesting for Norco 10/325 mg #90 with 1 refill, Flexeril 10mg #60 with 1 refill, and 1 Urine Drug Screen. The utilization review determination being challenged is dated 09/05/2014. [REDACTED] is the requesting provider, and provided treatment reports from 01/08/2014 to 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Norco Hydrocodone / Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88,89.

**Decision rationale:** According to the 08/25/2014 report by [REDACTED], this patient presents with back pain. The treater is requesting for Norco 10/325 mg #90 with 1 refill. Norco is first mentioned in the patient's list of medications per treater report dated 01/08/2014. The California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 88-89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the 08/25/2014 report shows that with one Norco, the patient experiences 60-80% pain relief lasting up to 4-5 hours. The patient's ADL's are maintained the same within his limitations and he is able to mow the lawn, do other household chores, and walk his dog for up to 1 mile for exercises. Reports also indicate that there are no side effects and patient takes meds as directed and only as needed. There is a urine drug screen (UDS) report as well from 4/30/14 that was consistent. The treater appears to provide adequate documentation regarding opiate management with the four A's addressed. The requested treatment is medically necessary and appropriate.

**Flexeril 10mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 63-66.

**Decision rationale:** According to the 08/25/2014 report by [REDACTED], this patient presents with back pain. The treater is requesting for Flexeril 10mg #60 with 1 refill. Flexeril is first mentioned in the patient's list of medications per treater report dated 01/08/2014. California Medical Treatment Utilization Schedule (MTUS) guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic lower back pain (LBP)." Review of the reports show Flexeril is first mentioned in the patient's list of medications per treater report dated 01/08/2014. In this case, the prescription is for #60 with 1 refill and the treater does not mention that this is to be used on a short-term basis. MTUS does not support the use of muscle relaxants for long-term use. The requested treatment is not medically necessary and appropriate.

**1 urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis (opiate screening). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 16th Edition, Return to Work Guidelines and Official Disability Guidelines

(ODG) - Treatment in Workers' Compensation, 9th edition, Integrated with Treatment Guidelines, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Use of Urine Drug Testing Urine drug tests may be subject to specific drug screening statutes and regulations based on state and local laws, and the requesting clinician should be familiar with these. State regulations may address issues such as chain of custody requirements, patient privacy, and how results may be used or shared with employers. The rules and best practices of the U.S. Department of Transpor

**Decision rationale:** According to the 08/25/2014 report by [REDACTED], this patient presents with back pain. The treater is requesting for one urine drug screen. The patient previously had a urine drug screen (UDS) on 04/30/2014 which had consistent results with the prescribed medications. Official Disability Guidelines (ODG) guidelines state, "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Review of the reports, show that the patient has been taking Norco since 01/08/14. There is no documentation drug misuse and once a year UDS would appear reasonable and consistent with ODG. In this case, the patient only had one other UDS on 4/14/14 and another UDS would be reasonable since they are obtained on a random basis. The requested treatment is medically necessary and appropriate.