

<b>Case Number:</b>	CM14-0158983		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	01/01/2005
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 70-year-old female who reported an injury on 01/01/2005. The mechanism of injury was not provided. Her diagnoses were noted to include lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, thoracic/lumbosacral neuritis/radiculitis unspecified, rotator cuff syndrome of shoulder and allied disorders, and enthesopathy of the hip region. Her past treatments were noted to include medication, home exercise program, and right greater trochanteric steroid injections. During the assessment on 08/11/2014, the injured worker complained of pain in her hips and back. She rated the pain a 6/10. The physical examination revealed some slight tenderness over both greater trochanters. There was full internal and external rotation noted with hip flexion of 90 degrees and full extension. Her medications were noted to include Hydrocodone 2.5/325 mg, Cyclobenzaprine HCL 10 mg, Gralise 600 mg, and Celebrex 200 mg. The treatment plan was to continue medication therapy. The rationale for Hydrocodone 2.5/325 mg, Cyclobenzaprine HCL 10 mg, and Gralise 600 mg was to allow function and help with pain on a daily basis. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 2.5/3325mg 1 tab Q.H.S:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

**Decision rationale:** The request for Hydrocodone 2.5/3325mg 1 tab Q.H.S. is not medically necessary. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, there was no quantified information regarding pain relief, including a detailed assessment with the current pain on Visual Analog Scale (VAS), average pain, intensity of pain, or longevity of pain relief. Furthermore, there was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the quantity was not provided and the requested dosage included an unusually high amount of Tylenol at "3325mg." Based on the above, the ongoing use of hydrocodone is not supported by the guidelines. As such, the request is not medically necessary.

**Cyclobenzaprine HCL 10mg 1 PO T.I.D. P.R.N.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The request for Cyclobenzaprine HCL 10mg 1 PO T.I.D. P.R.N. is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in low back pain, and is associated with drowsiness and dizziness. Treatment should be brief, for no longer than 2-3 weeks. There was no quantified information regarding pain relief, including a detailed assessment with the current pain on Visual Analog Scale (VAS), average pain, intensity of pain, or longevity of pain relief. Additionally, the quantity was not provided. Given the above, the request is not supported by the guidelines. As such, this request is not medically necessary.

**Gralise 600mg 3 tabs once a day x 30 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

**Decision rationale:** The request for Gralise 600mg 3 tabs once a day x 30 days is not medically necessary. The California MTUS Guidelines state that gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The guidelines recommend a trial of gabapentin of 3 to 8 weeks for titration. Since the start of gabapentin, there has been no documentation of a detailed assessment with the current pain on Visual Analog Scale (VAS), average pain, intensity of pain, or longevity of pain relief. There was also a lack of documentation regarding improved function, ability to perform activities of daily living, or adverse side effects from the use of gabapentin. Due to the lack of pertinent information, the ongoing use of gabapentin is not supported by the guidelines. As such, this request is not medically necessary.