

<b>Case Number:</b>	CM14-0159437		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/11/1992
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/11/2014
<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 and Rehabilitation, 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:

This is a female patient with a date of injury of September 11, 1992. A utilization review determination dated September 11, 2014 recommends denial of Fiorinal #20 and Flexeril 10 mg. A progress note dated August 28, 2014 identifies subjective complaints of bilateral lower back pain. The pain is described as burning and aching. The pain is worsened with sitting, standing, and is improved with medication. The pain radiates to bilateral legs, and the patient reports associated symptoms of muscle spasms, numbness, and weakness. At its worst the pain is rated as a 10 and at it's least as a 3 on a scale of 0-10. The patient states that her pain is always present and that the intensity varies. The patient reports that she's currently tolerating her medications with no side effects. The patient is satisfied with the current medication regimen and wishes to continue. Physical examination reveals lumbar range of motion flexion restricted by approximately 40%, cervical range of motion flexion is restricted by approximately 25%, cervical spine is tender with moderate spasm, positive Spurling's maneuver bilaterally, lumbar spine is tender with moderate spasm, and lumbar slump test is positive bilaterally. The diagnoses include lumbago, post laminectomy syndrome of lumbar region, and carpal tunnel syndrome. The treatment plan recommends that the patient was encouraged to lose weight for better health, prescriptions for Cyclobenzaprine 10 mg #90, Cymbalta 60 mg #30, Trazodone 50 mg #90, Fiorinal #20, Neurontin 600 mg #90, and Hydrocodone-Acetaminophen 10-325 mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fiorinal #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 23.

**Decision rationale:** Regarding the request for Fiorinal #20, Chronic Pain Medical Treatment Guidelines states that barbiturate containing analgesic agents is not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Fiorinal #20 is not medically necessary.

**Flexeril 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

**Decision rationale:** Regarding the request for Flexeril 10mg, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Flexeril specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril 10mg is not medically necessary.