

<b>Case Number:</b>	CM14-0179252		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 36 year old male with an injury date on 09/30/2014. Based on the 04/01/2014 hand written progress report provided by [REDACTED] the diagnoses are: 1. Depressive disorder. 2. Lumbar disc displacement. According to this report, the patient complains of "pain/spasm low back. Right straight leg raise positive. Toxicology report positive for hydrocodone." The 05/06/2014 report indicates "back with lifting; same decrease range of motion with pain." The 06/28/2014 report indicates "back went out pain moving plant at home; same decrease range of motion with pain." There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider and he provided treatment reports from 05/06/2014 to 09/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants and (for pain) Page(s): 64, 63.

**Decision rationale:** According to the 04/01/2014 report by [REDACTED] this patient presents with "pain/spasm low back." The treater is requesting Cyclobenzaprine 7.5mg # 60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicate this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treater is requesting Cyclobenzaprine #60 and this medication was first noted in the 02/07/2014 report. Cyclobenzaprine is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, request is not medically necessary.

**Norco 5/325 mg sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 78, and 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Criteria For Use Of Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** back."The treater is requesting Norco 5/325 mg #60. Norco was first mentioned in the 05/06/2014report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 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." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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 reports only show general statement of pain and the treater mentions "Toxicology report positive for hydrocodone."In this case, reports show no specific ADL's are discussed to show significant improvement. No exercises, house work, work status, social interactions are discussed to show how this medication is significantly improving those areas. No validated instruments are used to show functional gains either, and no outcome measures are provided by MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, request is not medically necessary.