

<b>Case Number:</b>	CM14-0179822		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 has a reported date of injury of 07/23/2007. The patient has the diagnoses of neck and low back pain, headaches and anxiety/depression. Per the most recent progress notes provided by the requesting physician dated 09/19/2014, the patient had complaints of daily symptomatic headaches. The physical exam noted bilateral nuchal scalp tenderness, restricted range of motion in the cervical neck, cervical paraspinal tenderness to palpation and decreased sensation in both wrists and distal to the junction of the proximal and mid thirds of both lower extremities. Treatment plan recommendations include continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/apap 2.5/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective outcome measure that shows significant improvement in function while on the medication. There

is no evidence of failure of other conservative treatment modalities besides chiropractic care and other first line choices for chronic pain. There is no documentation of significant improvement in VAS scores while on the medication. The patient has not returned to work. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request is not medically necessary.

**Cyclobenzaprine 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Cyclobenzaprine (Flexeril, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The long term chronic use of this medication is not recommended per the California MTUS. The medication has not been prescribed for the acute flare up of chronic low back pain. The specific use of this medication for greater than 3 weeks is not recommended per the California MTUS. The criteria set forth above for its use has not been met. Therefore the request is not medically necessary.