

<b>Case Number:</b>	CM14-0180669		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 44-year old male with an injury date of 08/13/12. Based on both the 08/18/14 and 09/16/14 progress reports, the patient complains of low back pain which radiates to both legs. He has spasms in his lower back daily. The patient has lumbar spine tenderness, spasm guarding, and a decrease in lumbar spine range of motion. In regards to his knees, he has tenderness and slight swelling. The patient's diagnoses include the following: 1.s/p right shoulder rotator cuff repair2.lumbar spine disc disease with radiculopathy3.s/p right knee surgery x 24.internal derangement of bilateral kneesThe utilization review determination being challenged is dated 10/06/14. Treatment reports were provided from 08/18/14, 09/16/14, and 10/14/14. Reports were hand-written, brief, and some were illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill Cyclobenzaprine:** 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 muscle relaxants Page(s): 63, 64.

**Decision rationale:** According to the 09/16/14 report, the patient presents with low back pain which radiates to both legs. The request is for a Refill of Cyclobenzaprine. The patient has been taking Cyclobenzaprine as early as 08/18/14. According to MTUS Guidelines, cyclobenzaprine are "not recommended to be used for longer than 2 or 3 weeks." MTUS page 63 states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. The patient has been taking cyclobenzaprine as early as 08/18/14, which indicates a long-term basis and is not within MTUS Guidelines. The Physician does not indicate that this medication is to be used for short-term. Therefore, Refill Cyclobenzaprine is not medically necessary.

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** According to the 09/16/14 report, the patient presents with low back pain which radiates to both legs. The request is for Norco 10/325 mg. The patient has been taking Norco as early as 08/18/14. No urine drug screens were provided. There is no discussions provided regarding Norco (the three progress report provided are very brief and illegible). MTUS Guidelines page 88 and 89 states, "The patient 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 4 A's (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. In this case, the Physician fails to provide any information regarding analgesia, ADLs, adverse side effects, and aberrant behavior that the patient may have had with the use of Norco. There are no urine drug screens provided, nor are there any [REDACTED] report provided either. Due to lack of documentation, The Norco 10/325mg is not medically necessary.