

<b>Case Number:</b>	CM14-0023818		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/24/2000
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 47 year-old male injured on October 24, 2000. The mechanism of injury is noted as a traction type injury involving a drill. The most recent progress note, dated April 28, 2014, indicates that there are ongoing complaints of low back and leg pain with left foot numbness. The physical examination demonstrated 5'11", 217 pound individual with lumbar muscle spasm. Strength is reported to be 5/5 and no specific sensory losses are noted. A significant decrease in lumbar spine range of motion is also noted. Diagnostic imaging studies objectified the surgical devices that have been inserted. Previous treatment includes surgical intervention (IDET) disc replacement, anterior spinal fusion. A request had been made for multiple medications and was not certified in the pre-authorization process on February 17, 2014. An orthopedic qualified medical evaluation was completed in March, 2006.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPINE HCL 10MG, ONE TABLET BY MOUTH THREE TIMES DAY AS NEEDED FOR MUSCLE SPASMS, USE AT BEDTIME IF EXCESSIVE DROWSINESS OCCURS, #30 WITH TWO REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain, Cyclobenzapine Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41,48, 68 OF 127.

**Decision rationale:** The use of this type of medication is indicated as an option for short-term therapy only. This medication can also be used for the short-term treatment of acute exacerbations of a myofascial strain type syndrome. There is no clinical indication that either of these maladies exist and the chronic, unending use of this medication is not supported in the literature. Therefore, when noting the side effect profile, tempered by the most recent physical examination presented for review, this medication is not medically necessary based on Chronic Pain Medical Treatment Guidelines.

**MORPHINE SULFATE 60MG, ONE CAPSULE TWICE A DAY, #60 WITH 2 REFILLS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective Page(s): 75-78 OF 127.

**Decision rationale:** As outlined in the Chronic Pain Medical Treatment Guidelines, the chronic use of opioid medications requires documentation of pain relief, functional status and appropriate medication use. There is a statement relative to the functional status, however, there is no noted increase in functional status, desire to or ability to return to work, and it is not clear if there is any improvement in the overall pain situation. The pain complaints remain a constant 3/10. Furthermore it is not noted if there is a urine drug screen or opioid contract signed. Therefore, there is insufficient clinical data presented to support this request. This is not medically necessary based on the data.