

<b>Case Number:</b>	CM14-0033574		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	08/10/2001
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 applicant is a 57 year old female represented [REDACTED] employee who has filed a claim for cervical spondylosis without myelopathy and lumbago. The date of injury is noted to be 08/10/01. The applicant is noted in the most recent clinical note dated 03/07/14 by [REDACTED], to have chronic pain to the left side of her neck, her left scapula, and left upper back secondary to industrial injuries sustained through repetitive movements and lifting heavy objects. [REDACTED] notes that on physical examination the patient does have limited range of motion and palpable spasm to her left trapezius. Shoulder range of motion exercises reportedly aggravate this pain. She states the severity of the spasm is lessened by the Cyclobenzaprine (Flexeril) which she has been on for many years. She has tried and failed trigger point injections and physical therapy without resolution of spasm. She denies any side effects of the medication. [REDACTED] further notes that with opiates and home exercise program, the claimant's level of functioning is high and her mood is improved and she is gainfully employed at a full time administrative executive assistant position. The medications allow her to perform her job functions. She has reportedly been stable on the medications for many years and she is presently under the 120 mg morphine equivalent unit opiate guidelines. It is noted that she is able to stay within this guideline in part due to use of Flexeril for spasms. He further notes that despite the fact that cyclobenzaprine is not indicated for chronic use, the patient is able to use fewer milligrams of opiate with the addition of this medication and maintains better range of motion. It is noted that the applicant presented with left shoulder and left sided neck pain. She described her pain as sharp. On a scale of 0 to 10, the claimant stated her pain was 6/10 on the VAS scale, 6-7 on average, 6 at best and 7 at its worst. It is noted that household chore tolerance has been improved by 100%, the tolerance for carrying out daily household chores is light. Work tolerance is noted to be improved by 100%. It is noted that the applicant is currently taking

Norco 7.5mg/325mg tablets 5 times daily, Flexeril 10mg 3 times daily, Avinza 60mg extended release 1 tablet daily, Celebrex 200mg 1 capsule twice daily, and Pamalor 50mg 1 tablet daily. The applicant's weight is noted to be 245 lbs, height 65 inches. In a utilization review report dated 02/28/14, the Norco 7.5/325mg is not recommended for certification based on the fact that the inconsistent urine drug screens of 12/13/13 were not discussed in the provider notes. The Flexeril was also not recommended as certified based on the fact that it is usually recommended for a short course of therapy. Cyclobenzaprine's effect is reported to be greatest in the 1st four days of treatment, suggesting that short courses may be better. Treatment should be brief. It was noted that the available clinical documentation included a urine drug screen which was negative for morphine, despite documented ongoing use of Avinza. Since there had been a failure to address inconsistent urine drug screen results, the criteria for use of opioids for chronic pain was not met.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FLEXERIL 10MG #84:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** The request for Flexeril 10 mg #84 would not be recommended as medically necessary. As per California MTUS guidelines, Cyclobenzaprine (Flexeril) is recommended for short term therapy. It is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. Upon review of the clinical notes, it appears this applicant has been taking Flexeril dating back to at least 9/30/13 or before. While the treating physician does document that claimant has palpable muscle spasms to her left trapezius, there is no indication for a need for ongoing chronic use of this medication. The treating physician stated that this medication has allowed for reduced dosage of the opioids, however the amount of reduction was not noted. Therefore, cannot recommend the Flexeril 10 mg #84 as medically reasonable or necessary at this time.

**NORCO 7.5-325MG #140:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-81.

**Decision rationale:** The request for the Norco 7.5 mg-325 mg #140 would not be recommended as medically necessary. As per evidence based guidelines, opioids are generally not recommended for chronic, long term use. There appears to be a urine drug screen dated 12/13/13 that was noted to be inconsistent because it was negative for morphine, despite ongoing treatment with Avinza. This was not discussed in the clinical notes provided for review. As per CA MTUS criteria, the failure to address inconsistent urine drug screen results makes the use of ongoing opioids for chronic pain not recommended. [REDACTED] noted in letter of 03/07/14 that they had the applicant do another urine drug screen on that date and CURES report was consistent, however the report of that urine drug screen is not provided in the clinical documentation provided for review. Therefore, cannot recommend the Norco 7.5 mg -325 mg #140 as medically reasonable or necessary at this time.

**AVINZA 60MG 328:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-81.

**Decision rationale:** The request for the Avinza 60 mg 328 would not be recommended as medically necessary. As per evidence based guidelines, opioids are generally not recommended for chronic, long term use. There appears to be a urine drug screen dated 12/13/13 that was noted to be inconsistent because it was negative for morphine, despite ongoing treatment with Avinza. This was not discussed in the clinical notes provided for review. As per California MTUS criteria, the failure to address inconsistent urine drug screen results makes the use of ongoing opioids for chronic pain not recommended. [REDACTED] noted in letter of 03/07/14 that they had the applicant do another urine drug screen on that date and CURES report was consistent, however the report of that urine drug screen is not provided in the clinical documentation provided for review. Therefore, cannot recommend the Avinza 60 mg 328 as medically reasonable or necessary at this time.