

<b>Case Number:</b>	CM14-0034961		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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 injured worker is a 57-year-old male who reported an injury on 12/20/2004. The mechanism of injury was not provided in the medical records. His diagnoses include status post laminectomy/discectomy, status post anterior/posterior spinal fusion from L3-S1, and status post lumbar hardware removal. His prior treatments were not provided in the medical records. He was seen for follow-up on 01/15/2014 and noted to complain of low back pain and leg pain with intermittent numbness and tingling to his feet. Upon physical examination, the injured worker was noted to have difficulty walking, difficulty changing position, tenderness to palpation of the lumbar paraspinous regions, and restricted and painful range of motion. A treatment plan was noted to include prescriptions for Norco 10/325 mg 3 times a day as needed for pain, Ultram ER 200 mg daily as needed for pain, and Flexeril 10 mg 3 times a day as needed for spasm, as well as naproxen 500 mg twice a day for pain. A Request for Authorization Form was submitted on 03/06/2014. Review of the submitted medical records shows that the patient has been utilizing Flexeril 10 mg, Norco 10/325 mg, and Ultram ER 200 mg since at least 08/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #60 with 3 refills:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, cyclobenzaprine may be recommended for short courses of treatment; however, long term use of this medication is not supported based on limited evidence. The guidelines specify that use of Flexeril should be limited to no longer than 2 to 3 weeks. The clinical information submitted for review indicates that the injured worker has been taking Flexeril since at least 08/01/2013. A clinical note was not provided after his 01/15/2014 note which failed to provide sufficient documentation regarding outcome of use with this medication. In the absence of documentation indicating a positive outcome with use of this medication and as the injured worker has been utilizing this medication for more than 2 to 3 weeks, continued use is not supported by the evidence-based guidelines, as such, the request for Flexeril is not medically necessary.

**Norco 10/325mg, #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker has been utilizing opioid medication since at least 08/01/2013. However, the most recent clinical note provided for review dated 01/15/2014, failed to provide an adequate pain assessment showing a positive outcome with use of his opioid medications, there was no documentation of functional status related to use of opioid medications, and the documentation failed to indicate whether the patient has shown an aberrant drug taking behaviors or whether he has had consistent results on urine drug screens. Therefore, continued use of opioid medications is not supported by the evidence-based guidelines. As such, the request is not medically necessary.

**Ultram ER 200mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker has been utilizing opioid medication since

at least 08/01/2013. However, the most recent clinical note provided for review dated 01/15/2014, failed to provide an adequate pain assessment showing a positive outcome with use of his opioid medications, there was no documentation of functional status related to use of opioid medications, and the documentation failed to indicate whether the patient has shown an aberrant drug taking behaviors or whether he has had consistent results on urine drug screens. Therefore, continued use of opioid medications is not supported by the evidence-based guidelines. As such, the request is not medically necessary.