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| <b>Case Number:</b>   | CM14-0037482 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 10/21/2011 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 03/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/28/2014 |

### 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 Occupational Medicine 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 claimant was injured on 10/21/11 and Norco and Fexmid are under review. He has lumbar IVD syndrome. On 08/05/13, he saw [REDACTED] for hypertension. He is status post redo microdiscectomy on the left at L4-5 in September 2013. He has seen a chiropractor, [REDACTED] on multiple occasions but his medication use was not addressed. He has had postop physical therapy. He had an excellent result from the surgery but continued to have pain that was described as constant and severe on several occasions. It radiates to both legs with numbness, tingling, and weakness. He had spasm and positive straight leg raise tests. His pattern of use of his medications is not noted by multiple providers. On 11/13/13, there is a list of medications that mentions Prilosec, and other medications but Norco and Fexmid are not mentioned. He saw [REDACTED] on 10/22/13 and he reported good improvement but his back pain was still present. His medication list included Norco, Ultram ER, Neurontin, Anaprox DS, Soma and Prilosec. He received refills and was to start physical therapy soon. On 01/15/14, he saw [REDACTED] and additional PT was recommended; he had only completed 4 sessions. His medication use is not described. He saw [REDACTED] for follow-up on 12/19/13. He was using naproxen, Neurontin, Norco, and Soma and had intermittent radiating leg pain. His medications were to be weaned. There is no further information however. On 02/26/14, he saw [REDACTED] and complained of low back pain with improvement with treatment. He needed more strengthening. Medications are not addressed. On 04/01/14, Norco, Anaprox, Protonix, Fexmid, and Neurontin were ordered by [REDACTED]. [REDACTED] stated on 04/09/14 that he would need medication for the rest of his life for his condition. On 07/19/14, [REDACTED] did a supplemental report and his sleep problems were addressed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 PO BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Medications for Chronic Pain Page(s): 110,94.

**Decision rationale:** The history and documentation do not objectively support the request for ongoing use of the opioid, Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that periodic monitoring of the claimant's pattern of use and his response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that the claimant has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than he has been prescribed it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. There is no documentation that periodic urine drug tests have been done or are planned. As such, the medical necessity of the ongoing use of Norco 10/325 mg 1 po BID #60 has not been clearly demonstrated. Weaning was discussed by [REDACTED] and one half the requested quantities (#30) can be recommended for this purpose. Therefore, the medication is not medically necessary.

**Fexmid 7.5mg 1 PO BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, cyclobenzaprine Page(s): 74. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary, cyclobenzaprine.

**Decision rationale:** The history and documentation do not objectively support the request for. The MTUS Chronic Pain Medical Treatment guidelines state for cyclobenzaprine (Flexeril), recommended as an option, using a short course of therapy. The effect is greatest in the first four

days of treatment, suggesting that shorter courses may be better (Browning, 2001). Treatment should be brief. Additionally, the MTUS and ODG state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for Flexeril also recommends do not use longer than 2-3 weeks and is for short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions. The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute or chronic spasms or a diagnosis of acute or chronic spasm. In this case, the claimants pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Fexmid 7.5 mg 1 po BID #60 is not medically necessary.