

<b>Case Number:</b>	CM14-0040769		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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:

This 48 year old patient had a date of injury on 2/9/2010. The mechanism of injury was not noted. In a progress report dated 2/12/2014, the patient continued to have total body pain, chronic fatigue, problem sleeping. Objective findings include new joint swelling, normal neurologic examination, no rheumatoid arthritis deformities. Diagnostic impression shows myalgia and myositis Treatment to date: medication therapy, behavioral modification A Utilization Review (UR) decision on 3/22/2014 denied the request for cyclobenzaprine 7.5mg #60 on 2/18/2014, stating that muscle relaxants are not recommended to be used longer than 2-3 weeks, and that patient has been on cyclobenzaprine since at least 4/2013. Hydrocodone 7.5/325mg #60 on 2/18/2014 was denied, stating the patient had minimal evidence of functional improvement despite extensive use of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 7.5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In the reports viewed, there was no evidence of an acute exacerbation of the patients condition that would justify further use of this medication. Additionally, the patient has been noted to be on Flexeril since at least from progress notes as far back as 12/2013. Therefore, the request for cyclobenzaprine hcl 7.5 mg #60 is not medically necessary and appropriate.

**Hydrocodone/ACET 7.5/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, and in the most recent progress report dated 2/12/2014, there was no documented functional improvements noted to justify a further regimen of this opioid. Furthermore, there was no evidence of CURES monitoring, pain contract, or urine drug screens. Therefore, the request for Hydrocodone/APAP 7.5/325 #60 was not medically necessary and appropriate.