

<b>Case Number:</b>	CM14-0040810		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Management, 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 is a 40-year-old male with a 9/21/2011 date of injury. A specific mechanism of injury was not described. 3/5/14 determination was modified. Certification was given for Norco 5/325 #40 for taper and discontinuation. Elavil was certified and Flexeril was non-certified. 8/12/14 medical report revealed 7/10 cervical pain with left greater than right upper extremity symptoms. 6/10 low back pain with increasing right lower extremity symptoms. 6/10 left shoulder pain and left wrist/hand pain. It was noted that medication facilitates maintenance of ADLs. The patient recalls frequent inability to adhere to recommended exercise regimen without medication, due to pain, now maintained with medication. Hydrocodone 10mg 2-3/day decrease pain to 4-5/10 which the patient describes as very significant. The patient only consumes the medication for bouts of severe "breakthrough" pain component. The patient also recalls refractory spasms prior to cyclobenzaprine at current dosing. Spasm was refractory to activity modification, stretching, heat, physical therapy, and HEP. Cyclobenzaprine decreases spasm, for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise, and additional decreased in overall pain 2-3 points average on scale of 10. Exam revealed paraspinal spasm, decreased range of motion, diminished sensation over the left C6 and C7 dermatomal distributions. Lumbar spine tenderness and spasm, decreased range of motion, and diminished sensation over the L5 and S1 dermatomes. Motor 4+/5 right EHL and right eversion. The provider that opioid management risks and potential side effects were discussed, and the 4 As were addressed. The provider also requested urine toxicology for medication monitoring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. There was indication of subjective improvement in muscle spasms and pain with cyclobenzaprine. However, examination continued to reveal spasms. The patient had been chronically on this medication and given continued spasms, the efficacy was not clear. In addition, there was no rationale for the necessity of the chronic use of the medication, as efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical necessity was not substantiated. Therefore the request is not medically necessary.

**Norco 5/325mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81; 79-80.

**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. The prior determination was non-certified given absent documentation of the 4 A's of medication monitoring. On the latest report, the provider appropriately documents pain decrease, increase in function, and medication monitoring guidelines were discussed with the patient. The provider also requested a urine toxicology test for medication monitoring. In this context, the requested medication prescription was appropriate and substantiated. Therefore the request is medically necessary and appropriate.