

<b>Case Number:</b>	CM14-0060923		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Family medicine and is licensed to practice in Ohio. 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 69-year-old male with a date of injury on July 9, 2009. The diagnoses include lumbar degenerative disc disease, sciatica, bilateral knee arthritis, posttraumatic headaches with forgetfulness, osteoarthritis of the lumbar spine, and cervical sprain/arthrosis. The injured worker has complained of increasing lumbosacral pain and knee pain. The physical exam has revealed diminished range of motion of the lumbar and cervical spine, pressure on the bilateral ilioleum angles causes radicular pain to the knees, and the injured worker has the ability to forward flex and abduct his shoulders to horizontal level only. A urine drug screen from August 22, 2013 was not consistent with medications prescribed. No hydrocodone had been detected even though it was prescribed. Tramadol and Cyclobenzaprine were detected but not reported as prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. Cyclobenzaprine (Flexeril) 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. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In this instance, it appears that Cyclobenzaprine has been used chronically as a urine drug screen that predates the request for authorization by 2 months shows Cyclobenzaprine. Additionally, the physical exam provided as documented in the progress notes does not show evidence of muscular spasm. Therefore, Cyclobenzaprine 7.5 mg #60 is not medically necessary.

**Norco 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The cited guidelines state that those requiring chronic opioids should have ongoing assessment for pain relief, functionality, adverse side effects, and any aberrant drug taking behavior. Typical questions regarding pain relief and pain medications include least pain, worst pain, average pain, duration of pain relief afforded by the opioids, and length of time necessary for opioids to work. Opioids generally may be continued if the injured worker has regained employment or has improvements in pain and functionality. The progress notes submitted for review do not include questions regarding degree of pain relief and functionality. It appears that the opioids have been prescribed for at least 3 months at the time of request for Norco. Additionally, there may be evidence of aberrant drug taking behavior because of the inconsistent urine drug screen. Therefore, the medical necessity for Norco 10/325 mg #120 was not established.

**Pool therapy L/S 2 times 6:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Aquatic Therapy

**Decision rationale:** Aquatic physical therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There may be advantages to weightless running in back pain recovery. In this instance, the injured worker has evidence of disability as a consequence of knee arthritis. This would make reduced weight

bearing desirable in terms of physical therapy. Therefore, pool therapy L/S 2 times 6 is medically necessary.