

<b>Case Number:</b>	CM14-0062462		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/15/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Illinois. 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 47-year-old woman with a date of injury on 9/15/2012. She complains of constant 8-9/10 lumbar spine sharp, stabbing pain with numbness and tingling in both legs. An exam is noted for positive sacroiliac pain testing, slightly restricted lumbar spine range of motion testing with pain, and normal lower extremity reflexes and strength. Her diagnoses are lumbar disc disease, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. She was authorized for a bilateral L4-S1 medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5/325 mg #120:** 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 Opioids Page(s): 91; 81.

**Decision rationale:** According to the Medical Treatment Utilization Schedule (MTUS), Norco is Hydrocodone with Acetaminophen, and is indicated for moderate to moderately severe pain. This worker has chronic lumbar pain with radiculopathy and has been prescribed opioids. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive

components. In most cases, analgesic treatment should begin with Acetaminophen, Aspirin, and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (as suggested by the World Health Organization [WHO] step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. There is no evidence that this worker's pain has been lessened, that her functionality has improved, that her medications have been decreased, and that her ability to work has increased. Nor is there evidence that the World Health Organization (WHO) step-wise algorithm of non-opioid pain medications was tried. Therefore, the request is not medically necessary.

**Fexmid 7.5 mg #90:** 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 Muscle Relaxants (for pain) Page(s): 63-64.

**Decision rationale:** Fexmid is Cyclobenzaprine, a skeletal muscle relaxant and a central nervous system depressant with similar effects to Tricyclic Antidepressants (e.g. Amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action. The worker has had chronic and diffuse musculoskeletal complaints for two years. Per the Medical Treatment Utilization Schedule (MTUS), cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The request is not medically necessary.

**Urine Toxicology Screening:** 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 Opioids Page(s): 94.

**Decision rationale:** Fexmid is Cyclobenzaprine, a skeletal muscle relaxant and a central nervous system depressant with similar effects to Tricyclic Antidepressants (e.g. Amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action. The worker has had chronic and diffuse musculoskeletal complaints for two years. Per the Medical Treatment Utilization Schedule (MTUS), cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The request is not medically necessary.