

<b>Case Number:</b>	CM14-0081189		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Florida. 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 52-year-old male who reported an injury on 07/24/2009. The mechanism of injury was not documented in the submitted reports. The injured worker has diagnoses of status post multilevel lumbar fusion, exacerbation of right low back pain with spasm, multilevel lumbar disc protrusion at T12-L1, L3-L4, L4-5, and L5-S1, and right L4 radicular pain. Past treatment of the injured worker consisted of acupuncture, massage therapy, and medication therapy. A urinalysis submitted on 10/09/2013 revealed that the injured worker was in compliance with the prescription drugs he was given. The injured worker is status post spinal fusion of the lumbar spine 04/15/2013. An MRI of the lumbar spine completed on 01/07/2014 revealed mild right apical curvature. There was moderate to severe disc degeneration with anterior spondylosis, worse at the L3-4 level. The injured worker complained of continued low back pain. He reported that he had been experiencing increased tightness in his left low back. He also stated that he experienced right low back pain that radiated into his right lower extremities. The injured worker rated his pain an 8/10 with medication and a 10/10 without. Physical examination dated 05/09/2014 of the lower back revealed tenderness in the midline lumbar spine as well as significant tenderness and spasm in the bilateral paralumbar musculature. The pain was greater on the right side than the left. Straight leg raise was positive on the right at 50 degrees and negative on the left. The injured worker's medications consist of Norco 7.5/325 twice a day, Norco 10/325 twice a day, Tizanidine 4 mg one half tablet 3 times a day, Cyclobenzaprine 7.5, and Gabapentin 600 mg half a tablet in the morning and 1 full tablet before bed. The treatment plan is to discontinue the Norco 10/325 mg and continue with the 7.5/325 mg 3 times a day, also to continue Tizanidine 4 mg and Cyclobenzaprine 7.5 mg; a follow-up in 1 month for re-evaluation. Rationale for the request is to help manage the injured worker's pain levels. The request for authorization form was submitted on 03/12/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #40:** Upheld

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

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

**Decision rationale:** The request for Cyclobenzaprine 7.5mg #40 is non-certified. The injured worker complained of continued low back pain. He reported that he had been experiencing increased tightness in his left low back. He also stated that he experienced right low back pain that radiated into his right lower extremities. The injured worker rated his pain an 8/10 with medication and a 10/10 without. The CA MTUS Guidelines only recommend Flexeril 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. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is associated with treatment for 2 to 3 weeks for symptom improvement with lower back pain and is associated with drowsiness and dizziness. Evidence submitted in the progress note showed the usage of Flexeril for several years, exceeding the recommendations of the MTUS guidelines. Efficacy has not been provided as the injured worker continues to have muscle spasms. As such, the request for Cyclobenzaprine 7.5mg #40 is not medically necessary.

**Retrospective request for Norco 10/325mg #90 DOS: 4/10/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Hydrocodone/ acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78,98.

**Decision rationale:** The request for Retrospective request for Norco 10/325mg #90 DOS: 4/10/14 not medically necessary. The injured worker complained of continued low back pain. He reported that he had been experiencing increased tightness in his left low back. He also stated that he experienced right low back pain that radiated into his right lower extremities. The injured worker rated his pain an 8/10 with medication and a 10/10 without. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that the usual dose is 5/500 mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). Guidelines also state that prescriptions should be from a single practitioner taken as directed, and all prescriptions from a single pharmacy. That the lowest possible dose should be prescribed to improve pain and function. MTUS also state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Given the above guidelines, the injured worker is not within MTUS Guidelines. There were no side effects listed in the submitted reports. There was also no evidence that the Norco was helping with any functional deficits the injured worker had. As it was mentioned in the submitted report, the injured worker's pain was an 8/10 with medication and 10/10 without. It did not specify what medication relieved the pain. It was unclear whether the pain was reduced by the Norco or another prescribed medication. Furthermore, a drug screen submitted on 01/29/2014 revealed that the injured worker was not compliant with his prescription of Norco; it did reveal that the injured worker was positive for THC which was not a prescription medication. The request as submitted also failed to provide the frequency and the quantity of the medication. As such, the request for Retrospective request for Norco 10/325mg #90 DOS: 4/10/14 is not medically necessary.