

<b>Case Number:</b>	CM14-0091125		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Internal 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:

Patient is an injured worker with degenerative lumbar spondylosis with right radiculopathy. Regarding the mechanism of injury, on 05-25-2012, he felt a popping sensation with pain in his lower back radiating into his legs upon trying to lift a cup from under a counter. Emergency Department note dated 05-14-2014 documented subjective complaints of back pain, which is a chronic problem. The current episode started yesterday, acute exacerbation since last evening. Patient has a history of lumbar radiculopathy. The pain radiates to the right knee. The pain is moderate. Patient ran out of Norco several days ago. The treatment provided mild relief. Toradol 60 injection was administered. Impression of the physician was that the episode appears to be exacerbated by running out of Norco. Progress report dated 04-07-2014 documented prescriptions for Toradol, Norco, Flexeril. Epidural was authorized. Progress report dated 05-09-2014 documented subjective complaints of low back pain and right leg radiation worsening. Objective findings included lumbosacral tenderness, flexion 20 degrees, extension 10 degrees, positive right straight leg raise. Treatment plan included refill Norco and Cyclobenzaprine. Utilization review decision date was 06-03-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Cyclobenzaprine 10 mg with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) , Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: the website: drugs.com.

**Decision rationale:** Medical treatment utilization schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document diagnoses of degenerative lumbar spondylosis with right radiculopathy, with a date of injury of 05-25-2012. Medical records indicate long-term use of Cyclobenzaprine (Flexeril). The patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Therefore, the request for 60 tablets of Cyclobenzaprine 10 mg with 1 refill: is not medically necessary.

**Norco 10/325mg with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids.

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

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 89) presents the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document lumbosacral pain and radiculopathy. Emergency Department note dated 05-14-2014 documented a low back pain exacerbation that occurred when the patient ran out of Norco. The patient has been authorized for an epidural. Medical records indicate that the patient has an active lumbosacral back condition. Medical records indicate that the patient has been maintained on Norco. Utilization review dated 06-03-

2014 documented a request for Norco 10/325 mg #90 with one refill. Medical records document an active lumbosacral condition and significant pain, and support the Norco prescription. Therefore, the Norco 10/325mg with 1 refill is medically necessary.