

<b>Case Number:</b>	CM14-0184236		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 48 year old woman who sustained a work-related injury on December 10, 2008. Subsequently, the patient developed a chronic back pain. According to a progress report dated on October 6, 2014, the patient was complaining of low back pain with numbness in her legs. The patient was treated with chiropractic treatments some help with reducing the back pain. The patient was also treated with the pain medications and topical analgesics. The patient's MRI lumbar spine performed on May 13 2009 demonstrated a broad based disc protrusion at L4-L5. Her EMG performed on May 19 2010 demonstrated lumbar radiculopathy involving the right L5 and S1 nerve roots. The patient physical examination demonstrated absence of deep tendon reflexes in both lower extremities, lumbar tenderness with reduced range of motion, decreased sensation in the territory of the L5-S1 dermatome, straight leg raise was positive bilaterally. The patient was diagnosed with lumbar disc displacement. The provider requested authorization for the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 5-325mg, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation ODG, Pain Chapter, Opioids, dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Hydrocodone-Acetaminophen 5-325mg, #45 is not medically necessary.

**Flexeril 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

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

**Decision rationale:** According to MTUS guidelines, Flexeril, a non-sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization Flexeril 10 MG, # 30 is not medically necessary.

**Nabumetome 500mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDS Page(s): 72.

**Decision rationale:** There is no documentation of the rationale behind the long-term use of Nabumetome. NSAID should be used for the shortest duration and the lowest dose. There is no

documentation from the patient file that the provider titrated Nabumetone to the lowest effective dose and used it for the shortest period possible. Naproxen was used without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for Nabumetone adverse reactions that are not limited to GI side effect, but also may affect the renal function. Therefore, the request for Nabumetone is not medically necessary.