

<b>Case Number:</b>	CM14-0185911		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 55 year old male with an injury date of 11/07/08. Based on the 10/15/14 progress report provided by treating physician, the patient complains of low back pain rated 8/10 that radiates down left leg. Under Review of Systems, musculoskeletal section, patient has arthritis, back pain and muscle pain. Patient takes medications as prescribed and states medications are working well. No side effects reported. Patient reports that without medications, his pain is significantly increased, and it is more difficult to do daily activities and cleaning due to increased pain. Patient's medications include Flexeril, Butrans and Lyrica, which were prescribed in progress reports dated 05/28/14 and 10/15/14. CURES report dated 07/22/14 showed appropriate results. Urine toxicology report dated 04/11/12 was positive for Buprenorphine, and urine toxicology report dated 10/26/11 was inconsistent for Methadone, per treater report dated 10/15/14. Patient is permanent and stationary. EMG/NCS bilateral lower extremity 07/24/13- left L5 nerve root irritation, stable- very early generalized neuropathy cannot be ruled out, incidentally. - left sural nerve delayed latency of unclear etiologThe utilization review determination being challenged is dated 11/03/14. Treatment reports were provided from 05/28/14 - 10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Flexeril (BPS) 10 mg, 1-2 tablets daily, as needed, 120 tablets (dispensed): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with low back pain rated 8/10 that radiates down left leg. The request is for Flexeril (BPS) 10mg, 1-2 tablets daily, as needed, 120 tablets (dispensed). Under Review of Systems, musculoskeletal section, patient has arthritis, back pain and muscle pain. EMG study dated 07/24/13 reveals, left L5 nerve root irritation, stable, and very early generalized neuropathy. Patient takes medications as prescribed and states medications are working well. No side effects reported. Patient reports that without medications, his pain is significantly increased, and it is more difficult to do daily activities and cleaning due to increased pain. Patient's medications include Flexeril, Butrans and Lyrica, which were prescribed in progress reports dated 05/28/14 and 10/15/14. Patient is permanent and stationary. MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Guidelines do not suggest use of Cyclobenzaprine for chronic use longer than 2-3 weeks. Review of reports show patient has used Cyclobenzaprine, in the form of Flexeril at least from 05/28/14 per treater's report, until UR date of 11/03/14. Furthermore, the request for quantity 120 does not indicate intended short term use. Recommendation is for not medically necessary.

**Butrans 10 MCG per hour, apply 2 patches to skin every 7 days, 8 pieces:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 88-89.

**Decision rationale:** The patient presents with low back pain rated 8/10 that radiates down left leg. The request is for Butrans 10MCG per hour. Apply 2 patches to skin every 7 days 8 pieces. Under Review of Systems, musculoskeletal section, patient has arthritis, back pain and muscle pain. EMG study dated 07/24/13 reveals, left L5 nerve root irritation, stable, and very early generalized neuropathy. Patient takes medications as prescribed and states medications are working well. No side effects reported. Patient reports that without medications, his pain is significantly increased, and it is more difficult to do daily activities and cleaning due to increased pain. Patient's medications include Flexeril, Butrans and Lyrica, which were prescribed in progress reports dated 05/28/14 and 10/15/14. Urine toxicology report dated 04/11/12 was positive for Buprenorphine, and urine toxicology report dated 10/26/11 was inconsistent for Methadone, per treater report dated 10/15/14. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should

be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, documentation has been provided including numeric scales and functional measures that show improvement with medications. However, in addressing the 4A's, treater has not discussed aberrant behavior, and no recent urine drug screen tests have been submitted. Though CURES report dated 07/22/14 showed appropriate results, previous results for 2 urine drug screen showed inconsistent results that the treater does not address or discuss. The request does not meet MTUS criteria. Recommendation is for not medically necessary.

**Lyricea 75 mg capsule, one tablet twice daily, 60 tablets for symptoms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyricea) Page(s): 19-20, 60.

**Decision rationale:** The patient presents with low back pain rated 8/10 that radiates down left leg. The request is for Lyricea 75mg capsule one tablet twice daily, 60 tablets for symptoms. Under Review of Systems, musculoskeletal section, patient has arthritis, back pain and muscle pain. EMG study dated 07/24/13 reveals, left L5 nerve root irritation, stable, and very early generalized neuropathy. Patient takes medications as prescribed and states medications are working well. No side effects reported. Patient reports that without medications, his pain is significantly increased, and it is more difficult to do daily activities and cleaning due to increased pain. Patient's medications include Flexeril, Butrans and Lyricea, which were prescribed in progress reports dated 05/28/14 and 10/15/14. Patient is permanent and stationary. MTUS Guidelines, page 19-20, states: "Pregabalin (Lyricea) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." Provider has not documented reason for the request. Treater is presumably prescribing Lyricea for patient's pain that radiates down left leg. It is unclear as there are no discussions regarding neither this medication, nor a diagnosis in medical records. In this case, the treater is prescribing Lyricea for almost 5 months from UR date of 11/03/14, without discussing its efficacy. MTUS pg. 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for not medically necessary.