

<b>Case Number:</b>	CM14-0189660		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 & 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 32-year-old female with date of injury of 06/14/2012. The diagnoses listed from 10/03/2014 is protrusion at L 4-5 and L5 - S1 with radiculopathy. According to this report that the patient complains of low back pain at a rate of 7/10 with left greater than right lower extremity symptoms. The patient has failed epidural steroid injections. The patient reports heightened function with medication use. He reports that his ADLs are maintained with medication including shopping for groceries, very light household duties, preparing food, grooming, and bathing. Medication facilitates maintenance of recommended exercise level and healthy activity level. The patient consumes hydrocodone for "breakthrough pain" only with tramadol ER at 300 mg/day. No side effects were reported. NSAID use does result in 2 to 3 point average decrease in somatic pain and greater range of motion. He recalls G.I. upset. Cyclobenzaprine does decrease his spasms including improving his range of motion, tolerating exercise and decrease in overall pain level 2 to 3 points. Examination shows tenderness in the lumbar spine. The documents include an MRI of the lumbar spine from 10/09/2014 and progress reports from 06/02/2014 to 10/23/2014. The utilization review denied the request on 11/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 64.

**Decision rationale:** This patient presents with low back pain with bilateral lower extremity symptoms. The treater is requesting Cyclobenzaprine 7.5 mg Quantity 90. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed cyclobenzaprine on 09/02/2014. While the patient reports decreased spasms and improved range of motion, the long-term use of this medication is not supported by the guidelines. The request is not medically necessary.

**Naproxen 550 mg # 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory; NSAIDs Page(s): 22 and 68.

**Decision rationale:** requesting Naproxen 550 mg Quantity 90. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 68 on NSAIDs for chronic low back pain states, "recommended as an option for short term symptomatic relief. Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." The records do not show a history of naproxen use. Given the patient's persistent symptoms, the requested Naproxen is supported by the guidelines as a first-line treatment. The request is medically necessary.

**Hydrocodone 10/325 mg # 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 78.

**Decision rationale:** This patient presents with low back pain with bilateral lower extremity symptoms. The treater is requesting Hydrocodone 10/325 mg Quantity 60. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a

numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. Records show that the patient was prescribed hydrocodone on 06/03/2014. However, prior medication history is unknown. In this same report, the patient's current pain level is 4/10. He states that the medications help decrease his pain by more than 50% temporarily and allows him to increase his walking distance by 20 minutes. He does report some G.I. upset which Prilosec gives him minimal relief. The 10/03/2014 report states that the patient rates his pain 7/10 and decreases by 4 points with medication use. The treater notes that narcotic analgesic monitoring were consistent and a pain contract was discussed. Given that the treater has discussed the required criteria per the MTUS guidelines, the request is medically necessary.