

<b>Case Number:</b>	CM14-0198375		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 43 year old male with an injury date on 10/23/2013. Based on the 09/30/2014 progress report provided by the treating physician, the diagnoses are Left ankle fracture/distal fibula fracture; Post-traumatic scarring and deficiency of ligamentous stabilizers, left ankle; Left foot contusion; left shoulder subacromial bursitis and impingement with high-grade partial thickness tear supraspinatus; lumbar spine foraminal stenosis L4-5 and L5-S1 with disc protrusions and facet osteoarthropathy and left knee pes anserine bursitis with chondromalacia patella. According to this report, the patient complains of "low back pain with left lower extremity symptoms, 6/10 scale. Left knee pain, 7/10 scale. Left foot/ankle pain, 5/10 scale, and 7/10 left shoulder pain." Physical exam demonstrates tenderness with paraspinal spasm. Diminished sensation is noted at the left L4 and L5 distribution. There is mild swelling of the ankle with limited range of motion. Tenderness with mild swelling is noted at the left knee and left shoulder. Subacromial bursitis and subacromial impingement sign are positive. The treatment plan is to request for pain management consult and MRI of the cervical spine, continue the use of the TENS 30 day trial and LSO brace. There were no other significant findings noted on this report. The utilization review denied the request for Hydrocodone 10/325 mg # 60, Cyclobenzaprine 7.5 mg # 90, and UDS on 09/30/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 06/18/2014 to 09/90/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 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 medications for chronic pain, criteria for use of opioids Page(s): 60,61,88,89,76 and 78.

**Decision rationale:** According to the 09/30/2014 report, this patient presents with low back pain with left lower extremity symptoms and left shoulder pain. The current request is for Retrospective request for Hydrocodone 10/325 mg # 60. This medication was first mentioned in the 06/18/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 aberrant 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 reviewing the provided reports, the treating physician states "Patient reports heightened function with medication at current dosing with examples provided today. Patient indicates that ADL's are maintained with medication including shopping for groceries, very light household duties, preparing food, grooming, bathing." The patient indicates that "Hydrocodone 10 mg decreases pain level an average of 4 points on a scale of 10. Reports greater tolerance to specific activity and maintenance of ADL's." Per the treating physician, the "patient understands the '4A's' and is in compliance." A urine drug screen was obtained on 09/30/2014. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is medically necessary.

**Retrospective request for Cyclobenzaprine 7.5 mg # 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation; (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63 and 64.

**Decision rationale:** According to the 09/30/2014 report, this patient presents with low back pain with left lower extremity symptoms and left shoulder pain. The current request is for Retrospective request for Cyclobenzaprine 7.5 mg # 90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates this patient has been

prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #90 and this medication was first noted in the 08/12/2014 report. Cyclobenzaprine is not recommended for long term use. The provider does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

**Retrospective request for Toxicology Screening DOS 9/30/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under urine drug testing

**Decision rationale:** According to the 09/30/2014 report, this patient presents with low back pain with left lower extremity symptoms and left shoulder pain. The current request is for Retrospective request for Toxicology Screening DOS 9/30/2014. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient has not had any recent UDS's prior to the 09/30/2014 report. The patient is also noted to be on Hydrocodone (an opiate) as indicated on 06/18/2014 report. ODG Guidelines support UDS for management of chronic opiate use in low risk patient. The current request is medically necessary.