

<b>Case Number:</b>	CM14-0200405		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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:

The patient is an injured worker with a history of lower back pain, lumbosacral strain and sprain, lumbar radiculopathy, herniated lumbar disc, status post epidural steroid injection. Date of injury was April 25, 2013. The orthopedic qualified medical evaluation dated July 26, 2014 documented that the patient indicated that he has constant lower back pain that is made worse with any heavy lifting, pulling, pushing, or repetitive bending. He also indicates that he has constant numbness into the left leg that radiates all the way down into the foot. He indicates that there is a pins and needles sensation, at times burning, all of this with some underlying pain. He denies symptoms in the right lower extremity and upper extremities at this time. Regarding activities of daily living, the patient notes that he is independent regarding bathing, grooming, oral care, toileting, walking, eating, managing medications and money, using the phone, driving and cooking. He indicates that he does have some problems at times with dressing. He indicates that he needs to walk stairs slowly. He indicates that he has considerable problems with housework, laundry, and shopping if he either has to bend significantly at the waist or if he is required to do any type of heavy lifting, pulling, and pushing. The patient indicated his injury occurred on April 25, 2013. He was driving an order picker and this raised him about off the ground. He indicated at the time he was bent over to pick up a box and, while he was bent over, apparently another order picker struck his machine and that resulted in a sharp jolt to his back. He indicated that he did not fall off the machine, but this jolt resulted in immediate, sharp pain in his lower back and the pain got progressively worse over the next few days and he had progressive numbness and pain down the left leg. He had one epidural steroid injection in approximately October of 2013. He has no known drug allergies. Physical examination was documented. He has tenderness over the left lumbar paraspinals. The patient demonstrates a positive straight leg raise, left greater than right. The patient also has a positive sciatic stretch test.

on the left. Diagnosis was lumbosacral strain and sprain with left-sided lumbar radicular symptoms. The progress report dated September 26, 2014 documented subjective complaints of pain the lower back with radicular symptoms into the right and left leg. The patient states symptoms are aggravated with prolonged sitting, standing, and walking. The patient states his symptoms are aggravated with lifting. Physical examination was documented. Lumbar spine range of motion demonstrated flexion 50 degrees. Straight leg raise positive. There is tightness and spasm in the lumbar paraspinal musculature noted bilaterally. There is hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level, bilaterally. There is weakness with big toe dorsi flexion. Diagnoses were herniated lumbar disc with radiculitis radiculopathy. Treatment plan included a request for lumbar epidural injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 7.5 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,64, 73, 78, and 124.

**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): 41-42; 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>.

**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 that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Flexeril is not supported. Therefore, the request for Flexeril 7.5 mg #120 is not medically necessary.

**Norco 10/325 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,64, 73, 78, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Hydrocodone/Acetaminophen Page(s): 74-96; 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present 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. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document a history of lower back pain, lumbosacral strain and sprain, lumbar radiculopathy, herniated lumbar disc, status post epidural steroid injection. Medical records document objective evidence of pathology. Activities of daily living were addressed in the medical records. No adverse side effects were reported. Regarding aberrant behaviors, the urine drug screen dated May 23, 2014 was negative. Medical records document regular physician clinical evaluations. The request for Norco 10/325 mg is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325 mg #120 is medically necessary.

**Naproxen 550 mg 120 tablets:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,64, 73, 78, and 124.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for back conditions. Medical records document a history of lower back pain, lumbosacral strain and sprain, lumbar radiculopathy, herniated lumbar disc, status post epidural steroid injection. Medical records document objective evidence of pathology. Medical records document regular physician clinical evaluations. ACOEM guidelines support the use of Naproxen, which is an NSAID, for the patient's back conditions. Therefore, the request for Naproxen 550 mg 120 tablets is medically necessary.