

<b>Case Number:</b>	CM14-0200649		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/05/2014
<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, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 41-year-old gentleman with a date of injury of 04/25/2011. A treating physician note dated 01/01/2014 identified the mechanism of injury as The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/25/2014 and 09/19/2014 indicated the worker was experiencing left knee and lower back pain that went into the legs, leg numbness and tingling, and problems sleeping. Documented examinations described anxious and tearful mood, positive testing involving raising each straightened leg, tenderness in the lower back with associated trigger points, a painful walking pattern, swelling and tenderness in the left knee joint, and a positive McMurray's test. The submitted and reviewed documentation concluded the worker was suffering from left knee pain, lumbar degenerative disk disease and radiculopathy, depression and anxiety, and a sleep disorder. Treatment recommendations included medications, evaluations by psychology and psychiatry, chiropractic care, stretching exercises, modified activities as tolerated, and follow up care. A Utilization Review decision was rendered on 11/05/2014 recommending non-certification for Norco (hydrocodone with acetaminophen) 10/325mg and sixty tablets of Flexeril (cyclobenzaprine) 10mg and modified certification of forty-eight tablets of OxyContin (oxycodone-SR) 30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing left knee and lower back pain that went into the legs, leg numbness and tingling, and problems sleeping. Documented pain assessments included many of the elements recommended by the Guidelines. The worker had an at least 60% improvement in pain intensity with the use of this medication. An individualized risk assessment and planned vigilant monitoring were recorded. In light of this evidence, the current request for ninety tablets of Norco (hydrocodone with acetaminophen) 10/325 mg is medically necessary.

**Oxycontin 30 mg, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** OxyContin (sustained-release oxycodone) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. The submitted and

reviewed records indicated the worker was experiencing left knee and lower back pain that went into the legs, leg numbness and tingling, and problems sleeping. Documented pain assessments included many of the elements recommended by the Guidelines. The worker had an at least 60% improvement in pain intensity with the use of this medication. An individualized risk assessment and planned vigilant monitoring were recorded. In light of this evidence, the current request for sixty tablets of OxyContin (oxycodone-SR) 30 mg is medically necessary.

**Flexeril 10 mg, #60:** Upheld

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

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

**Decision rationale:** Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records indicated the worker was experiencing left knee and lower back pain that went into the legs, leg numbness and tingling, and problems sleeping. There was no suggestion that the worker was having a new symptom flare, and the worker was already taking this medication at the time of the request for a month's supply. There was no discussion detailing extenuating circumstances that sufficiently support the use of cyclobenzaprine in this setting. In the absence of such evidence, the current request for sixty tablets of Flexeril (cyclobenzaprine) 10 mg is not medically necessary.