

<b>Case Number:</b>	CM14-0202376		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	06/04/2003
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 4, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated November 24, 2014, the claims administrator denied a request for cyclobenzaprine, approved a request for Norco, and denied a request for Exalgo. The claims administrator referenced an RFA form and progress note dated November 17, 2014 in its determination. On June 27, 2014, the applicant presented with persistent complaints of low back pain status post earlier lumbar fusion surgery. The applicant's radicular pain complaints had resolved, it was stated. The applicant's work status and medication list, however, were not discussed. In a November 26, 2014 appeal letter, the attending provider noted that the applicant had persistent complaints of low back pain status post five prior lumbar spine surgeries at age 41. Some radiation of pain to the left buttock was noted. Sitting and/or standing were problematic. The applicant posited that his medications were beneficial. The attending provider appealed previously denied Soma, Flexeril, and Exalgo. It was stated that the applicant's most recent lumbar spine surgery was on September 28, 2012. The attending provider stated that the applicant would be unable to get out of bed without his medications, nor would the applicant be able to perform household chores or grocery shopping without his medications. 5/10 pain without medications versus 2-3/10 pain with medications was reported. The applicant's work status was not discussed, however. In a progress note dated November 17, 2014, the applicant reported persistent complaints of low back pain, 3/10, exacerbated by sitting or standing. The attending provider again stated that the applicant would be unable to get out of bed or go grocery shopping without his medications. The applicant was using Soma, Norco, and Exalgo, it was

acknowledged. Cyclobenzaprine, Norco, and Exalgo were prescribed at the bottom of the report. The attending provider seemingly suggested that he was discontinuing Soma in favor of Flexeril. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. It was stated that the applicant was considering further lumbar spine surgery in the form of a hardware removal procedure.

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

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

#### **Cyclobenzaprine 7.5mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Exalgo, Norco, etc. Furthermore, the 60-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

#### **Exalgo ER 12mg quantity 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work, despite ongoing Exalgo usage. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit, despite ongoing Exalgo usage. While the attending provider did report some reduction in pain levels with medication consumption, this is, however, outweighed by the attending provider's failure to return to work, the attending provider's subsequent commentary that the applicant is contemplating a lumbar fusion hardware removal, and the attending provider's failure to outline any meaningful or substantive improvements in function achieved as a result of ongoing Exalgo usage. The attending provider's commentary to the effect that he would be bedridden and/or unable to go grocery shopping without his medications does not, in and of itself, constitute evidence of

substantive or meaningful improvement achieved as a result of ongoing Exalgo usage. Therefore, the request was not medically necessary.