

<b>Case Number:</b>	CM14-0206621		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/09/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice 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:

65 yr. old female claimant sustained a work injury on 9/9/08 involving the low back. She was diagnosed with lumbar/thoracic strain and piriformis syndrome. She had been on Norco, Naproxen, Flexeril (Cyclobenzaprine) since at least May 2014. A progress note on 6/18/14 indicated the claimant had low back pain, with numbness in the feet, His pain improves from 8/10 to 5/10 with the above medications. A progress note on 11/20/14 indicated the claimant had lumbar spasms and reduced range of motion with sacroiliac tenderness. A recent request was made in December 8, 2014 to continue Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

**Decision rationale:** Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report

overall improvement, particularly sleep. However in Low back pain they show no benefit over NSAIDS in pain and overall improvement. The efficacy diminishes over time and there is risk of dependency. The claimant had been on Flexeril for months combined with other medications. Continued and prolonged use is not medically necessary. Therefore the request is not medically necessary.

**Percocet 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80,92,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco ( a similar class of opioid) for a several months. There is no indication that one opioid is superior to another. There is no indication of NSAID failure. The request for Percocet is not medically necessary.