

<b>Case Number:</b>	CM14-0215957		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 53-year-old female who sustained an industrial injury on 01/27/2011. Diagnoses include lumbar facet arthropathy, Grade I anterolisthesis L5-S1, herniated disc of the lumbar spine with neural foraminal narrowing and degenerative disc disease of the lumbar spine. Treatment to date has included medications, acupuncture, chiropractics, spinal fusion and epidural steroid injections (ESI). Temporary pain relief was achieved with the chiropractic treatment and the ESIs provided 80% pain relief for four to five months. Diagnostics performed to date included an MRI. According to the PR2 dated 9/9/14, the IW reported low back pain rated 6/10. The requested treatments, retrospective Norco and Cyclobenzaprine Hydrochloride, decreased pain for the IW, prolonged her activity level and helped with spasms and pain in the buttock.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Hydrocodone / APAP (Norco) 7.5/325mg two to three times a day. Qty: 90.00.:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back pain radiating to right lower extremity. The request is for RETRO: HYDROCODONE/APAP (NORCO) 7.5/325MG TWO TO THREE TIMES A DAY QTY: 90. The request for authorization is dated 09/26/14. The patient is status-post spinal fusion with TLIF, 08/22/13. Trigger point injections, 08/21/14, provides significant relief with her burning back. Transforaminal epidural, 04/10/13, provides 80% relief for 4-5 months. MRI of the lumbar spine, 08/09/13, shows degenerative disc disease and facet arthropathy; neural foraminal narrowing. Patient has had 20 sessions of chiropractic treatment and 2 sessions of acupuncture. She continues her home exercise program. Patient's medications include Norco, Norflex, Flexeril and LidoPro cream. The patient is not working. 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 4As -analgesia, ADLs, adverse side effects, and adverse 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. MTUS p90, maximum dose for Hydrocodone is 60mg/day. Per progress report dated, 09/26/14, treater's reason for the request is "50% relief. Her pain decreases and helps prolong her activity level." The patient is prescribed Norco since at least 12/02/13. MTUS requires appropriate discussion of the 4A's, and in addressing analgesia, treater documents 50% reduction in pain showing significant pain reduction with use of Norco. However, in addressing the other 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. An inconsistent UDS dated, 07/23/2014, is provided, but CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Retro: Cyclobenzaprine 7.5mg twice a day. Qty: 60.00.: 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:** The patient presents with low back pain radiating to right lower extremity. The request is for RETRO: CYCLOBENZAPRINE 7.5MG TWICE A DAY QTY: 60. The request for authorization is dated 09/26/14. The patient is status-post spinal fusion with TLIF, 08/22/13. Trigger point injections, 08/21/14, provides significant relief with her burning back. Transforaminal epidural, 04/10/13, provides 80% relief for 4-5 months. MRI of the lumbar spine, 08/09/13, shows degenerative disc disease and facet arthropathy; neural foraminal narrowing. Patient has had 20 sessions of chiropractic treatment and 2 sessions of acupuncture. She continues her home exercise program. Patient's medications include Norco, Norflex,

Flexeril and LidoPro cream. The patient is not working. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated, 09/26/14, treater's reason for the request is it "helps with the spasms and pain in the buttock." However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The patient is prescribed Flexeril since at least 09/09/14. The request for additional Flexeril #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.