

<b>Case Number:</b>	CM15-0000002		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old male, who sustained an industrial injury on September 10, 2012. He reported injury to the back. The diagnoses have included displacement of lumbar disc without myelopathy, spasm of muscle and lumbosacral joint ligament sprain. Treatment to date has included medications, acupuncture, physical therapy and a lumbar epidural steroid injection. Currently, the injured worker complains of constant low back pain that was moderate to occasionally severe. He has worsening stiffness in his lower back. The pain radiated to the bilateral legs and increases when sitting for prolonged period of time. On December 12, 2014, Utilization Review non-certified Cyclobenzaprine 10mg #30 and Tylenol #3 #30, noting the MTUS guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of Cyclobenzaprine 10mg #30 and Tylenol #3 #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30 with 1 refill:** 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 (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included acupuncture, physical therapy, injections, and medications. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use of at least two months and was therefore not medically necessary.

**tylenol #3 QTY #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included acupuncture, physical therapy, injections, and medications. Tylenol #3 (acetaminophen and codeine) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Tylenol #3 was medically necessary.