

<b>Case Number:</b>	CM15-0000205		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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 55 year old female who sustained an industrial injury on 6/24/2010. She has reported low back pain and numbness in the left leg. The diagnoses have included degenerative disc disease at lumbar 4-5, sciatica and chronic back pain. Treatment to date has included physical therapy, medication management. Currently, the IW complains of continued low back pain. The treatment plan included Cyclobenzaprine Hcl 10 mg at bedtime #60, Flexeril 10 mg #30 and Norco 10/325 mg twice daily #60. On 12/9/2014, Utilization Review modified the request for Norco from #60 to #30 for weaning purposes and modified Cyclobenzaprine Hcl 10 mg from #60 to #30 for weaning purposes. The Utilization Review non-certified the Flexeril as is duplicate for the above mentioned Cyclobenzaprine noting the medication duplication and lack of medical necessity. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/28/2014, the injured worker submitted an application for IMR for review of Cyclobenzaprine Hcl 10 mg at bedtime #60, Flexeril 10 mg #30 and Norco 10/325 mg twice daily #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL, sixty count with no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain) Section 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 has a history of a work injury occurring more than four years ago and continues to be treated for chronic radiating low back pain. Medications include cyclobenzaprine being prescribed on a long-term basis. 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 chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore cyclobenzaprine was not medically necessary.

**Flexeril 10 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section 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 has a history of a work injury occurring more than four years ago and continues to be treated for chronic radiating low back pain. Medications include Flexeril being prescribed on a long-term basis. Flexeril 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 chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore Flexeril was not medically necessary.

**Norco 10/325 mg, sixty count with no refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use Section Page(s): 78.

**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 has a history of a work injury occurring more than four years ago and continues to be treated for chronic radiating low back pain. Norco (hydrocodone/acetaminophen) 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. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescription of Norco 10/325mg #60 was medically necessary.