

<b>Case Number:</b>	CM15-0001222		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 47 year old male, who sustained an industrial injury on May 5, 2010. The mechanism of injury is unknown. The diagnoses have included lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus/bulge, lumbar spine radiculopathy and lumbar spine stenosis. Treatment to date has included exercises, physical therapy, medications, diagnostic studies and TENS unit. Currently, the injured worker complains of aching pain at the lumbosacral junction. He also complains of pins and needles and aching pain anteriorly down the left lower extremity to the dorsal aspect of the left foot extending posteriorly down the left lower extremity to the lateral aspect of the left foot. He rated his pain on a 4 point scale as level 2, which is mild to moderate. He stated that he received benefit from narcotic medications, electrical stimulation and TENS unit but had no change with physical therapy. On December 16, 2014, Utilization Review non-certified Cyclobenzaprine 10mg #30 three refills, Ambien 12.5mg #30 three refills, Norco 7.5/325mg #90 three refills, Lidoderm Patch 5% #30 three refills and Celebrex 200mg #30 three refills, noting the MTUS, ODG and Evidence Based Guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine 10mg #30 three refills, Ambien 12.5mg #30 three refills, Norco 7.5/325mg #90 three refills, Lidoderm Patch 5% #30 three refills and Celebrex 200mg #30 three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30 times three refills:** 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): 41-42.

**Decision rationale:** Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patient's with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexeril are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This request is in excess of that amount and appears to be prescribed for chronic use rather than an acute exacerbation, which is not medically necessary.

**Ambien 12.5mg #30 times three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medications: Zolpidem (Ambien)

**Decision rationale:** Short-acting nonbenzodiazepine hypnotics such as Ambien (zolpidem) are recommended for short-term (7-10 days) treatment of insomnia. Zolpidem is not recommended for long term use in chronic pain. The request for 30 with 3 refills far exceeds the short-term recommendation. Zolpidem may be modestly beneficial in the first 6 weeks but better long-term outcomes are achieved with cognitive behavioral therapy and the discontinuation of zolpidem.

**Norco 7.5/325mg #90 times three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and

whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco.

**Lidoderm Patch 5% #30 times three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** Topical licocaine (Lidoderm) is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain Guidelines, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the treatment is not for post-herpetic neuralgia and it does not appear that there has been a trial with first line therapy for neuropathic pain.

**Celebrex 200mg #30 times three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22 and 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex may be considered if the patient has a risk of GI complications but not for the majority of patients. These risks include age of 65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical record does not include the presence of any of these risk and therefore there is no evidence in the record of medical necessity for Celebrex.