

<b>Case Number:</b>	CM15-0001597		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/23/2014
<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: Maryland

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

### 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 patient is a 59 male with a work injury dated 7/2/13. The diagnoses include lumbar sprain/strain; lumbar radiculopathy L4,L5,S electrodiagnostically positive; lumbar spine multiple level herniated nucleus pulposes and stenosis. Under consideration are requests for pain management consult for the lumbar spine -eval and treat; retrospective hydrocodone/acetaminophen; and retrospective cyclobenzaprine. A 6/22/14 urine toxicology screen reveals that hydrocodone was not detected which was not consistent with prescribed medications and THC was detected which is a marijuana metabolite. There is a 10/30/14 follow up consultation primary treating physician report that states that the patient has 7/10 low back pain with lower extremity symptoms. Maintenance of ADLS with medication at current dosing regiment as patient provides examples including grocery shopping; bathing, grooming; food preparation; reasonable exercise level and greater range of motion and improved exercise tolerance. Tramadol ER provides a 4-5 point decreased on scale of 10. NSAID does 2-3 point diminution in pain. Cyclobenzaprine proves decrease in spasm for 5 hours and improved range of motion, decreased pain and provides 3 point decrease in pain. There is and EMG/NCV reported to be positive at L4,L5,S1. There is a request for LSO; TENS; Tramadol ER; hydrocodone/acetaminophen; naproxen; pantoprazole; Cyclobenzaprine. An 11/7/14 urine toxicology was inconsistent with absent prescribed hydrocodone and tramadol. MRI of the lumbar spine 7/26/14 reveals loss of disc height at L4-5 and L5-S1 with Modic type II endplate degenerative changes involving the superior endplates of L4 and S1 as well as inferior vertebral endplate of L5. L3-4 broad based posterior disc herniation with associated hypertrophy of facet

joints and ligamentum flavum causing stenosis. L4-5 broad based posterior disc herniation with associated hypertrophy of facet joints and ligamentum flavum causing stenosis. L5-S1 broad based disc herniation with associated hypertrophy of the facet joints and ligamentum flavum causing stenosis of the spinal canal and bilateral neural foramina deviating bilateral L5 exiting nerve roots. There is a 10/3/14 document that states that the patient has low back and low extremity pain. There is decreased lumbar range of motion with lumbar paraspinal tenderness. Sensation is decreased to light touch in the right L4,L5 distribution, intact all others bilaterally. Motor strength is 5-/5 in the right EHL and ankle dorsiflexor, otherwise 5/5 bilateral. 2+ and symmetric patellar and Achilles reflex. Babinski absent bilateral. No clonus. There is a request for an interventional pain management consult for evaluation and treatment of lumbar epidural steroid vs medial branch block.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation with a pain management specialist for eval and treat, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 11/21/14), Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Pain

**Decision rationale:** Consultation with a pain management specialist for evaluation and treatment, lumbar spine is not medically necessary as written per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request for a pain management evaluation is appropriate, however the request for treatment is not clear and will have to be reevaluated pending the evaluation/consultation. For this reason the request for consultation with a pain management specialist for eval and treat, lumbar spine is not medically necessary.

**Retrospective: Hydrocodone / Acetaminophen 10/325mg #60 dispensed on 10/30/2014:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone / Acetaminophen Page(s): 91.

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

**Decision rationale:** Retrospective: Hydrocodone / Acetaminophen 10/325mg #60 dispensed on 10/30/2014 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The results of a UDS on 6/22/14 were positive for THC (a marijuana metabolite) , and negative for hydrocodone which was listed as a prescribed substance. An 11/7/14 urine toxicology was inconsistent with absent prescribed hydrocodone and tramadol. These results are inconsistent with the prescribed opioids, indicating misuse of opioids, and evidence that the patient is not taking the prescribed opioids. Opioids will not be authorized when there is evidence of inappropriate intake of opioids. Furthermore, the treating physician has stated that the patient is TTD, which generally represents a profound degree of disability and failure of treatment. This is not an accurate description of function. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. The request for Hydrocodone / Acetaminophen 10/325mg #60 dispensed on 10/30/2014 is not medically necessary.

**Retrospective: Cyclobenzaprine 7.5mg #90 dispensed on 10/30/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain), Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

**Decision rationale:** Retrospective Cyclobenzaprine 7.5mg #90 dispensed 10/30/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.