

<b>Case Number:</b>	CM15-0005511		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	09/17/2003
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Washington

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 37-year-old male who reported injury on 09/17/2003. The specific mechanism of injury was not provided. The injured worker had an MRI on 06/02/2014. The injured worker was noted to undergo urine drug screens. The documentation of 12/08/2014 revealed the injured worker had complaints of low back pain radiating down the bilateral lower extremities and bilateral feet. The injured worker indicated his pain was a 6/10 with medications and 10/10 without medications. The injured worker indicated that the use of current muscle relaxants and opioids was helpful. The TENS unit was noted to be helpful, and the injured worker indicated he had improvement due to this therapy. Areas of functional improvement included: the ability to attend church, brush teeth, care for his pet, comb and wash his hair, concentrate, cook, perform hobbies, dress, drive, read, sit, sleep, sleeping in bed, and standing, traveling and washing dishes. The injured worker indicated his quality of life had been improved as a result of the medications. The physical examination revealed the injured worker had a slow gait and was in moderate to severe distress. The injured worker was utilizing a walker to ambulate. The injured worker underwent a lumbar microdiscectomy on 08/14/2014. The diagnoses included lumbar disc degeneration and lumbar postlaminectomy syndrome, as well as lumbar radiculopathy. The CURES report was noted to be appropriate. The treatment plan included a refill of Flexeril, which was beneficial and there were untoward side effects. The documentation indicated the injured worker required a reduction of the medication, hydrocodone/APAP was beneficial and MS Contin was beneficial, as well as tramadol. The specific dosages included tramadol HCl 50 mg 1 tablet every 8 hour as needed, Flexeril 10 mg 1

tablet 3 times a day as needed, morphine sulfate ER 30 mg tablets by mouth twice a day, and hydrocodone/acetaminophen 10/325 one every 6 hour as needed. There was no Request for Authorization submitted for review.

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

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

**Flexeril 10mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had objective functional benefit and had been utilizing the medication for an extended duration of time. This medication would not be supported due to the lack of documentation indicating the injured worker had utilized a first line option, and there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10mg # 90 is not medically necessary.

**Morphine Sulphate 30mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,ongoing management Page(s): 60,78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for morphine sulfate 30mg # 60 is not medically necessary.