

<b>Case Number:</b>	CM15-0006151		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 63 year old female, who sustained an industrial injury on 2/14/2003. The diagnoses have included L4-5 spondylolisthesis with instability and central stenosis, and gastritis. Treatment to date has included pain medications. The injured worker did not want surgery. According to the Primary Treating Physician's Progress Report from 11/11/2014, the injured worker complained of low back pain crossing the waistline. She was using a lumbar brace and cane daily. The medication was helping; she stated that Vicodin was not as helpful as Norco. Objective findings included a slow, antalgic gait. Lumbar spine was tender to palpation. Extension and rotation of the lumbar spine caused pain. There was no aberrant behavior on a urine drug screen. Treatment plan was for Norco 10/325mg one a day for three months, Flexeril 10 milligram one tablet at bedtime, Lidoderm patch 5% to the area 12 hours on and off and Prilosec 20mg every day. On 12/8/2014, Utilization Review (UR) non-certified a request for Flexeril 10mg #30, noting that there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. UR non-certified a request for Lidoderm Patch 5% #60, noting that Lidoderm has no evidence-based, proven role in the treatment of chronic pain. UR non-certified a request for Norco 10/325mg #90, noting that there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30, refill: 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. The injured worker has a stable chronic injury without report of new injury or acute exacerbation that may benefit from short term use of Cyclobenzaprine. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg #30, refill: 3 is determined to not be medically necessary.

**Lidoderm Patch 5% #60, refill: 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) section Page(s): 56, 57.

**Decision rationale:** Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm Patch 5% #60, refill: 3 is determined to not be medically necessary.

**Norco 310/325mg #90, refill: 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records do not indicate that the injured worker is experiencing significant pain reduction and objective functional improvement as a result of chronic opioid pain medication use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90, refill: 3 is determined to not be medically necessary.