

<b>Case Number:</b>	CM15-0006756		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 48 year old male, who sustained an industrial injury on April 25, 2014. The 2014 MRI of the lumbar spine showed multilevel degenerative disc disease, disc bulges, facet arthropathy, foramina stenosis with nerve roots impingements. The past surgery history is significant for L4-L5 hemilaminectomy. He has reported lower back pain and right leg numbness. The diagnoses have included lumbar spine stenosis, displacement of a lumbar intervertebral disc, and lumbar radiculopathy. Treatment to date has included physical therapy, chiropractic, and medications. The medications listed are Norco, cyclobenzaprine and gabapentin. The gabapentin was associated with breathing problems. There was constipation reported with the use of opioids. Currently, the injured worker complains of mid and lower back pain radiating to the right leg and right foot pain. The treating physician is requesting prescriptions for Norco and cyclobenzaprine. On January 5, 2015 Utilization Review non-certified the request for prescriptions for Norco and cyclobenzaprine noting the lack of documentation to support the medical necessity of the medications. The MTUS was cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter Opioids

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedatives. The records indicate that the patient had a recent lumbar laminectomy surgery in November 2014. The improved pain relief with the opioids utilization enables the patient to continue PT/home exercise for rehabilitation. There is no reported adverse medication effects. The criteria for the use of Norco 10/325mg #30 was met.

**Cyclobenzaprine 7.5mg tab #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and other sedative. The records indicate that the patient had utilized cyclobenzaprine longer than the guidelines recommended maximum period of 4-6 weeks. The criteria for the use of cyclobenzaprine 7.5mg #30 was not met.