

<b>Case Number:</b>	CM15-0009065		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/31/1995
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old male who sustained a work related injury on January 31, 1995, with incurred back injuries, right shoulder and right ankle injuries. Diagnoses were lumbar radiculopathy, lumbar failed back syndrome, lumbar discogenic spine pain, degenerative joint disease of the ankle right shoulder pain and major depression. Treatments included placement of multiple spinal cord stimulators, narcotics, and physical therapy. Currently, the injured worker complained of left buttock pain, lumbar and sciatica pain and right ankle pain. It was alleviated with rest, heat medication and massage. On January 27, 2015, a request for services for prescriptions of Cyclobenzaprine HCL 10 mg #90 with one refill between October 30, 2014 and February 14, 2015 was non-certified and one prescription of Dilaudid 8mg #120 was modified to one prescription of Dilaudid #90 between October 30, 2014 and February 14, 2015, by Utilization Review, noting the California Chronic pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Cyclobenzaprine HCL 10mg, #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants page 64 discusses Cyclobenzaprine. This guidelines recommends this medication only for short-term use, but not for long-term use as in this case. The records do not provide an alternate rationale for this request. This request is not medically necessary.

**1 prescription of Dilaudid 8mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Dilaudid (Hydromorphone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management discusses in detail the four A's of opioid management on page 78. This guideline emphasizes the importance of dose titration versus functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these four A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.