

<b>Case Number:</b>	CM15-0009185		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	12/28/1992
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/30/2014
<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: 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 55 year old male, who sustained an industrial injury on 12/28/1992. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with back pain. Treatment to date has included an oral medication regimen of Norco and Cyclobenzaprine. Currently, the injured worker complains of low back pain with occasional radiculopathy and muscle spasms. The treating physician requested Cyclobenzaprine for complaints of muscle spasms and noting to help decrease the use of Norco and requested Norco for pain. On 12/30/2014 Utilization Review modified the requested treatments of Norco 5/325mg with a quantity of 630 to Norco 5/325mg with a quantity of 90 and Cyclobenzaprine 10mg with a quantity of 630 to Cyclobenzaprine 10mg with a quantity of 45, noting the Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines: pages 64 to 66 and pages 94 to 95.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

**Decision rationale:** The patient was injured on 12/28/92 and presents with low back pain with occasional radiculopathy. The request is for NORCO 5/325 MG #90 WITH 6 REFILLS. The RFA is dated 12/22/14 and the patient's work status is unknown. The patient has been taking this medication as early as 09/11/14. None of the reports provided indicate how Norco has impacted the patient's pain and function. MTUS Guidelines pages 88 and 89 states, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

**Cyclobenzaprine 10 mg #90 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient was injured on 12/28/92 and presents with low back pain with occasional radiculopathy. The request is for CYCLOBENZAPRINE 10 MG #90 WITH 6 REFILLS. The RFA is dated 12/22/14 and the patient's work status is unknown. The patient has been taking this medication as early as 09/11/14. MTUS Guidelines page 63-66 states muscle relaxants (for pain): recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommended for a short course of therapy. The patient has muscle spasms, sensory changes, decreased forward flexion/extension, decreased lateral rotation to right/left, and lumbar paraspinal muscle tenderness. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking

Cyclobenzaprine as early as 09/11/14, which exceeds the 2 to 3 week limit recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.