

<b>Case Number:</b>	CM15-0019403		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/09/2004
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona

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 40-year-old female who reported an injury on 04/09/2004. The mechanism of injury was not specified. Her diagnoses include GERD, chronic pain, depression with anxiety, and left carpal tunnel syndrome. Her past treatments include medications and psychiatric care. The Qualified Medical Evaluation dated 12/11/2014 revealed the injured worker was indicated to be constipated due to discontinuation of her medications with reports of persistent mild acid reflux. The injured worker also noted migraines, headaches, a decrease in sense of smell, dry mouth, hypertension, sexual dysfunction, urinary incontinence, urinary urgency, insomnia, numbness, tingling, and weakness. The treatment plan included Butab-Acetamin-Caff 50/325mg #60; Butrans 5mcg/hr #4; Cyclobenzaprine 10mg #90. A rationale was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butab-Acetamin-Caff 50/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesic agents (BCAs). Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** The request for Butab-Acetamin-Caff 50/325mg #60 is not medically necessary. According to the California MTUS Guidelines, barbiturate-containing analgesic agents are not recommended for chronic pain. There is also a potential for drug dependence is high and lack of evidence showing a clinically important enhancement of analgesic efficacy. The injured worker was indicated to have been on barbiturates for an unspecified duration of time. However, the guidelines do not recommend the use of barbiturates due to high potential for drug dependence and lack of evidence indicating an analgesic effect. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Butrans 5mcg/hr #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** The request for Butrans 5 mcg/hour #4 is not medically necessary. According to the California MTUS Guidelines, Buprenorphine is recommended for treatment of opiate addiction or as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker was indicated to have been on Butrans for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker had opioid addiction or had chronic pain after detoxification due to history of opioid use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Cyclobenzaprine 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Muscle Relaxants.

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

**Decision rationale:** The request for cyclobenzaprine 10 mg #90 is not medically necessary. According to the California MTUS Guidelines, Muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker

was indicated to have been on cyclobenzaprine for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker had an acute exacerbation of her low back pain. There was also lack of documentation in regard to muscle spasms. Furthermore, the guidelines do not recommend the use due to diminished efficacy over time and the risk for dependence. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.