

<b>Case Number:</b>	CM15-0132648		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 61-year-old female who sustained an industrial injury on 03/18/2013. Diagnoses include cervicgia, lumbalgia, shoulder pain and upper limb pain. Treatment to date has included medications, cortisone injections, bracing, carpal tunnel release and medial branch nerve blocks. According to the progress notes dated 6/17/15, the IW reported lower back pain and stiffness with radicular pain and weakness in the bilateral legs. The pain was aching, burning, stabbing, throbbing and spasming and aggravated by back extension and flexion and by hip flexion and rotation. She rated the pain 8/10. She also complained of cervical spine pain rated 8/10 with associated numbness, tingling and weakness in the bilateral upper extremities. In addition, right shoulder pain was rated 8/10 with aching, soreness and stiffness; pain in the bilateral upper extremities, including the left shoulder, was described as aching, soreness, stiffness, stinging and tenderness, rated 8/10. An MRI of the lumbar spine on the date of service showed large disc injuries at L1-L2 and L5-S1, per the provider's notes. On examination, strength of the major muscle groups in the upper and lower extremities was noted to be 3/5. Sensation was decreased to light touch in the right C6, C8, L4 and L5 dermatomes. The neck was tender to palpation with trigger points present; Spurling's and foraminal compression tests were positive. The lumbar spine was painful over the facet capsules from L3 to L5-S1, bilaterally, with trigger points present and positive reaction to pelvic thrust and FABER maneuvers. The provider documented there were no aberrant drug behaviors, the urine drug screens had been consistent with treatment and the lowest effective dosage was being used. A request was made for Methadone 5mg 1.5 tab po bid, #90; Norco 5/325mg 1 po q 6h, #120; and Flexeril 10mg 1 po tid, #90 with three refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg 1 po q 6h #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 91 and 93; 78-80 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in March 2013 and continues to be treated for radiating neck and low back pain. When seen, medications were providing 60% improvement in pain. There was cervical and lumbar tenderness with trigger points. Spurling's testing and compression testing was positive. Facet testing of the lumbar spine caused pain. Urine drug screening had been consistent with the prescribed medications and the assessment references lowest effective dosing. Methadone and Norco were prescribed at a total (MED (morphine equivalent dose) of 80 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Flexeril 10mg 1 po tid #90 refills: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work injury in March 2013 and continues to be treated for radiating neck and low back pain. When seen, medications were providing 60% improvement in pain. There was cervical and lumbar tenderness with trigger points. Spurling's testing and compression testing was positive. Facet testing of the lumbar spine caused pain. Urine drug screening had been consistent with the prescribed medications and the assessment references lowest effective dosing. Methadone and Norco were prescribed at a total (MED (morphine equivalent dose) of 80 mg per day. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.

**Methadone 5mg 1.5 tab po bid #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 91 and 93; 78-80 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in March 2013 and continues to be treated for radiating neck and low back pain. When seen, medications were providing 60% improvement in pain. There was cervical and lumbar tenderness with trigger points. Spurling's testing and compression testing was positive. Facet testing of the lumbar spine caused pain. Urine drug screening had been consistent with the prescribed medications and the assessment references lowest effective dosing. Methadone and Norco were prescribed at a total (MED (morphine equivalent dose) of 80 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Methadone is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.