

<b>Case Number:</b>	CM15-0138347		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	11/22/1989
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 an industrial injury on 11/22/89. He reported pain in his lower back. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included chiropractic treatments, Flexeril, Norco and Ultracet since at least 12/15/14. On 3/9/15 the injured worker rated his lower back pain an 8/10. As of the PR2 dated 6/1/15, the injured worker reports lower back pain that radiates to the left leg. He rates his pain a 7/10. He is working full-time. Objective findings include normal lumbar range of motion, normal gait, a positive straight leg raise test on the left and pain with palpation over the left paraspinal muscles at L4-L5. The treating physician requested Norco 5-325mg #20, Ultracet 37.5-325mg #90 and Flexeril 5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 tablets of Norco 5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** 20 tablets of Norco 5/325mg are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal evidence of an objective urine drug screen. Although the patient has been working full time it is not clear that opioids are causing an increase in function or significant decrease in pain. The documentation does not reveal that the providing physician is following MTUS opioid prescribing guidelines therefore this request for Norco is not medically necessary.

**90 tablets of Ultracet 37.5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** 90 tablets of Ultracet 37.5/325mg are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal evidence of an objective urine drug screen. Although the patient has been working full time it is not clear that opioids are causing an increase in function or significant decrease in pain. The documentation does not reveal that the providing physician is following MTUS opioid prescribing guidelines therefore this request for Ultracet is not medically necessary.

**90 tablets of Flexeril 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 64 and 63.

**Decision rationale:** 90 tablets of Flexeril 5mg are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine and there is no clear documentation of efficacy of prior Cyclobenzaprine use for this patient. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week MTUS recommended time frame. The request for Flexeril is not medically necessary.