

<b>Case Number:</b>	CM15-0143205		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 49 year old female who sustained an industrial injury on November 23, 2010. She reported a cumulative trauma injury. On 08-01-2014, the injured worker's provider requested authorization for Norco 2.5-325 mg and Fexmid 7.5 mg. On 11-18-2014 authorization was requested for an increase in Norco to 5-325mg and Fexmid 7.5 mg. Only partial progress reports for 08-01-2014 and 11-18-2014 were submitted for review and only included the treatment plan with the requested medications, Fexmid and Norco. The pain scale was left blank. According to a complex comprehensive orthopedic panel qualified medical re-examination dated 05-18-2015, the injured worker was seen in regard to a cumulative trauma injury to her upper extremities, shoulders, neck, thoracic spine, lumbar spine and psyche that occurred between 04-26-2010 and 04/26/2011. Treatment to date has included wrist and ankle supports, oral and topical medications, physical therapy, chiropractic care, bilateral carpal tunnel release surgery, arthroscopic shoulder surgery, steroid shots, acupuncture, aquatic therapy and TENS unit. Current symptoms included pain in the neck radiating to both arms to all fingers. Pain also radiated to her head causing headaches. She reported pain all over her thoracic area, both shoulders and pain in both elbow. Review of records in this report showed continuous use of Norco and Fexmid dating back to 04-24-2013. As of 12-04-2014, the injured worker had a flare up in her bilateral shoulder symptoms. She remained on modified duty as prior. Physical examination demonstrated spasms despite long term use of Fexmid. Currently under review is the request for Retrospective review of Norco 2.5-325 mg #120, 1 by mouth every 12 hours as needed provided on 08-01-14, retrospective review of Norco 5-325 mg #120, 1 by mouth every 6

hours provided on 11-18-14, retrospective review of Fexmid 7.5 mg #60, 1 by mouth twice a day provided on 08/01/14 and retrospective review of Fexmid 7.5 mg #60, 1 by mouth twice a day provided on 11-18-14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective review of Norco 2.5/325 mg #120, 1 PO Q12H PRN, provided on DOS 08/01/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 2.5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There was no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication was not medically necessary.

**Retrospective review of Norco 5/325 mg #120, 1 PO Q6H, provided on DOS 11/18/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of

pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There was no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication was not medically necessary.

**Retrospective review of Fexmid 7.5 mg #60, 1 PO BID, provided on DOS 08/01/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the reviewed literature, Fexmid (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the injured worker has a history of low back pain with radiation to the left lower extremity. The CA MTUS recommends "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain...Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The available records do not show a clearly documented benefit or any functional improvement from prior Flexeril use. There was no clinical indication presented for the chronic or indefinite use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant was not established. The requested treatment was not medically necessary.

**Retrospective review of Fexmid 7.5 mg #60, 1 PO BID, provided on DOS 11/18/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the reviewed literature, Fexmid (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the injured worker has a history

of low back pain with radiation to the left lower extremity. The CA MTUS recommends "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain...Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The available records do not show a clearly documented benefit or any functional improvement from prior Flexeril use. There was no clinical indication presented for the chronic or indefinite use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant was not established. The requested treatment was not medically necessary.