

<b>Case Number:</b>	CM15-0167556		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 37 year old male, who sustained an industrial injury on 9-13-2013. The mechanism of injury was not provided. The injured worker was diagnosed as having chronic pain syndrome, low back pain, sciatica, lumbar-thoracic radiculopathy, spinal enthesopathy and fasciitis unspecified. Thoracic MRI-magnetic resonance imaging showed herniated discs at thoracic 6-7 and 8-9. Treatment to date has included lumbar epidural steroid injection, physical therapy and medication management. A recent progress report dated 7-30-2015, reported the injured worker complained of thoracic pain rated 6 out of 10 with medications and 8 out of 10 without medications. Physical examination revealed lumbar tenderness and improvement in thoracic cutaneous sensation to touch. The physician is requesting Flexeril 7.5 mg 90-30 and Norco 10-325mg 120-30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg 90/30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** The patient presents on 08/26/15 with upper back pain rated 6/10 and lower back pain rated 8/10. The patient's date of injury is 09/13/13. Patient has no documented surgical history directed at these complaints. The request is for FLEXERIL 7.5MG 90/30. The RFA was not provided. Physical examination dated 08/26/15 reveals muscle spasms and painful range of motion in the thoracolumbar spine. No other findings are included. The patient is currently prescribed Norco and Flexeril. Per 08/26/15 progress note, the patient is currently advised to remain off work for 4-6 weeks. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 05/06/15. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 90 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

**Norco 10/325mg 120/30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents on 08/26/15 with upper back pain rated 6/10 and lower back pain rated 8/10. The patient's date of injury is 09/13/13. Patient has no documented surgical history directed at these complaints. The request is for NORCO 10/325MG 120/30. The RFA was not provided. Physical examination dated 08/26/15 reveals muscle spasms and painful range of motion in the thoracolumbar spine. No other findings are included. The patient is currently prescribed Norco and Flexeril. Per 08/26/15 progress note, the patient is currently advised to remain off work for 4-6 weeks. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy or compliance to continue use. Progress note dated 08/26/15 does not address the efficacy of this patient's medication regimen. Progress note dated 07/30/15 does note a reduction in pain from 8/10 to 6/10 attributed to medications, though does not provide any activity-specific functional improvements. MTUS guidelines require analgesia via a validated scale (with before and after

ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the most recent note does not include any measures of analgesia via a validated scale, any activity-specific functional improvements, or any statement of a lack of aberrant behavior. Furthermore, several inconsistent urine toxicology reports were made available for review. Urine toxicology screenings dated 06/03/15 and 07/02/15 were positive for Amphetamine metabolites, though this patient is not currently prescribed any medications which could produce such a result. Urine drugs screening dated 08/27/15 was also inconsistent for the presence of Lorazepam metabolites, not among this patient's prescribed medications. These significant findings are not discussed, and confusingly, progress note dated 07/30/15 notes that this patient "does not display any aberrant drug taking" immediately after noting that his prior UDS was positive for Amphetamine metabolites. Given the lack appropriate documentation of the 4A's and evidence of illicit amphetamine use, continuation of Norco cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation and evidence of prior UDS inconsistency, the request IS NOT medically necessary.