

<b>Case Number:</b>	CM15-0180768		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/09/2006
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 57 year old male, who sustained an industrial injury on 11-9-06. Medical record indicated the injured worker is undergoing treatment for C3 to T1 disc bulges with central and foraminal stenosis, C5-6 disc space collapse, status post anterior -posterior lumbar interbody fusion L3-L5 with instrumentation, status post left shoulder arthroscopy and decompression, right shoulder impingement including partial tear of the rotator cuff tendon, status post bilateral carpal tunnel release and status post left index trigger finger release, status post 3 left knee arthroscopies and intractable pain. Treatment to date has included oral medications including Cyclobenzaprine 7.5mg, Docusate sodium 100mg, Norco 10-325mg, Ranitidine 150mg and Neurontin 300mg, injections, lumbar fusion, left knee surgery, cervical epidural steroid injections and activity restrictions. (It is unclear how long he has received the medications). X-ray of lumbar spine performed on 5-19-15 revealed prior fusion with hardware and good consolidation of the fusion, significant sclerosis of facet joints at L5-S1 bilaterally and significant metal fragments in the abdomen and pelvis. X-ray of the cervical spine performed on 5-19-15 revealed spondylosis at C4-5 with anterolisthesis of C4 on C5 on flexion, extensive degenerative changes at C4-5 and C5-6. There are significant bone spurs at C5-6 level and to a lesser degree at the C4-5 segment. Urine drug screen was consistent for medications prescribed with the exception of Cyclobenzaprine, which is used in times of severe crisis and flare ups only. Currently on 8-18-15, the injured worker complains of pain in neck, left shoulder and low back, he rates his pain level at 5-7 out of 10 but reduced to 2-3 out of 10 with medications; which is unchanged from previous visit dated 7-16-15. Work status is noted to be retired. Physical exam

performed on 8-18-15 revealed tenderness and guarding in the cervical paraspinal musculature with decreased range of motion due to pain and well healed surgical scars in the lumbosacral region with tenderness and guarding in lumbar paraspinal musculature with decreased lumbar range of motion due to pain. On 9-1-15, utilization review modified requests for Norco 10-325mg#90 with 2 refills to #90 with 0 refills noting it is important for the provider to assess the outcome of the treatment on a regular basis and justify the necessity of continuation of the treatment strategy including medications; Cyclobenzaprine 7.5mg #30 with 3 refills to one month supply for weaning, noting chronic usage is associated with loss of efficacy and increased propensity of side effects and Docusate sodium 100mg #60 with 3 refills to #60 with 0 refills noting it is recommended that the claimant be evaluated on a monthly basis.

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

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

**Norco 10/325 gm Qty 90 with 2 refills: Overturned**

**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.

**Decision rationale:** Based on the 07/16/15 progress report provided by treating physician, the patient presents with pain to low back, neck and shoulder. The patient is status post left shoulder arthroscopy, and left knee meniscectomy on unspecified dates, and L3-L5 fusion in July 2011. The request is for Norco 10/325 GM QTY 90 with 2 refills. RFA with the request not provided. Patient's diagnosis on 07/16/15 includes C3-T1 disc bulges with central and foraminal stenosis, disc space collapse, right shoulder impingement, including partial tear of the rotator cuff tendon, and intractable pain. Physical examination to the cervical spine on 07/16/15 revealed tenderness and guarding in the paraspinal musculature and decreased range of motion. Treatment to date has included surgeries, imaging studies, injections, activity restrictions, and medications. Patient's medications include Norco, Neurontin, Cyclobenzaprine and Docusate. The patient is permanent and stationary, per 06/18/15 report. 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." Norco has been included in patient's medications, per progress reports dated 03/12/15, 06/18/15, and 07/16/15. It is not known when this medication was initiated. Per

07/16/15 report, patient's pain is rated 2-3/10 with and 6-7/10 without medications. Treater states "the medications improve [the patient's] ability to tolerate activity, noting that he is able to walk, sit, stand and sustain activity for longer periods of time. Without the medications, he would not be able to participate in his therapeutic exercises and would take significantly longer to perform even small household tasks. The patient denies negative side effects of the medication. There are no aberrant drug behaviors and he uses the medications as prescribed. Our patients sign and agree to a treatment contract." UDS report dated 06/18/15 was provided. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.

**Cyclobenzaprine 7.5 mg Qty 30 with 3 refills: 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:** Based on the 07/16/15 progress report provided by treating physician, the patient presents with pain to low back, neck and shoulder. The patient is status post left shoulder arthroscopy, and left knee meniscectomy on unspecified dates, and L3-L5 fusion in July 2011. The request is for Cyclobenzaprine 7.5 MG QTY 30 with 3 refills. RFA with the request not provided. Patient's diagnosis on 07/16/15 includes C3-T1 disc bulges with central and foraminal stenosis, disc space collapse, right shoulder impingement, including partial tear of the rotator cuff tendon, and intractable pain. Physical examination to the cervical spine on 07/16/15 revealed tenderness and guarding in the paraspinal musculature and decreased range of motion. Treatment to date has included surgeries, imaging studies, injections, activity restrictions, and medications. Patient's medications include Norco, Neurontin, Cyclobenzaprine and Docusate. The patient is permanent and stationary, per 06/18/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "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." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Cyclobenzaprine (Flexeril) has been included in patient's medications, per progress reports dated 03/12/15, 06/18/15, and 07/16/15. It is not known when this medication was initiated. MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 03/12/15, which is more than 4 months from UR date of 09/01/15. The request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for quantity 30 with 3 refills is excessive and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

**Docusate Sodium 100 mg Qty 60 with 3 refills:** Overturned

**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): Opioids, criteria for use.

**Decision rationale:** Based on the 07/16/15 progress report provided by treating physician, the patient presents with pain to low back, neck and shoulder. The patient is status post left shoulder arthroscopy, and left knee meniscectomy on unspecified dates, and L3-L5 fusion in July 2011. The request is for Docusate Sodium 100 MG QTY 60 with 3 refills. RFA with the request not provided. Patient's diagnosis on 07/16/15 includes C3-T1 disc bulges with central and foraminal stenosis, disc space collapse, right shoulder impingement, including partial tear of the rotator cuff tendon, and intractable pain. Physical examination to the cervical spine on 07/16/15 revealed tenderness and guarding in the paraspinal musculature and decreased range of motion. Treatment to date has included surgeries, imaging studies, injections, activity restrictions, and medications. Patient's medications include Norco, Neurontin, Cyclobenzaprine and Docusate. The patient is permanent and stationary, per 06/18/15 report. MTUS page 77, criteria for use of opioids section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Docusate has been included in patient's medications, per progress reports dated 03/12/15, 06/18/15, and 07/16/15. It is not known when this medication was initiated. MTUS recognizes constipation as a common side effect of chronic opiate use. The patient is prescribed opiates for chronic pain. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.