

<b>Case Number:</b>	CM15-0184002		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56-year-old female, with a reported date of injury of 10-13-2010. The diagnoses include discogenic low back pain. Treatments and evaluation to date have included Norco (since at least 03-2014), Flexeril (since at least 03-2014), Naprosyn (since at least 03-2014), home exercises, and epidural block. The diagnostic studies to date have not been included in the medical records. The medical report dated 07-07-2015 indicates that the injured worker's condition was a little bit worse than normal. She had back pain with leg pain. It was noted that she was not having a lot of radicular symptoms. On 03-03-2015, the injured worker had intermittent leg pain and discogenic back pain. The injured worker's pain ratings were not indicated. The injured worker took her medications occasionally. The physical examination showed supple, full range of motion of the neck without limitation of pain; bilateral paraspinal muscle tenderness; mild decreased extension of the back; negative straight leg raise test; intact deep tendon reflexes; and normal neurovascular examination of both lower extremities. The treating physician noted that the injured worker had "ongoing discogenic back pain". The treatment plan included Percocet tablets for five months; Flexeril for five months; and Naprosyn, one time a day with two refills for five months. The injured worker's work status was indicated as normal duty work. The request for authorization was dated 08-27-2015. The treating physician requested Naproxen 500mg #30 with two refills, Flexeril 10mg #30, and Percocet 10-325mg #30. On 09-03-2015, Utilization Review (UR) non-certified the request for Naproxen 500mg #30 with two refills, Flexeril 10mg #30, and Percocet 10-325mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #30 with 2 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. Page 60 and 67 of 127. The claimant was injured 5 years ago, and has low back pain. As of March 2015, the pain continues. The objective functional outcome of the medicine regimen is not noted. The dysfunction appears to be degenerative in nature, but not overt osteoarthritis was noted. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement in these records. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately non-certified, therefore is not medically necessary.

**Flexeril 10mg #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:** Chronic Pain Medical Treatment Guidelines MTUS 8 C.C.R. MTUS (Effective July 18, 2009). Page 41-42 of 127. As shared, the claimant was injured 5 years ago, and has low back pain. As of March 2015, the pain continues. No acute muscle spasm is noted. The objective functional outcome of the medicine regimen is not noted. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief and is for acute muscle spasm. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS, therefore is not medically necessary.

**Percocet 10/325mg, #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): Opioids for chronic pain.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. Page 79, 80 and 88 of 127As noted, the claimant was injured 5 years ago, and has low back pain. As of March 2015, the pain continues. The objective functional outcome of the opiate medicine regimen is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review, therefore is not medically necessary.