

<b>Case Number:</b>	CM15-0193304		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 60 year old male with an industrial injury dated 01-06-2010. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, cervicgia, cervical spondylosis, cervical radiculopathy of right, paresthesia pain upper extremities, lumbar back pain, left extremity paresthesia, myofascial pain syndrome, depression, personal history of traumatic brain injury, rule out post-traumatic stress syndrome, and bipolar affective disorder. According to the progress note dated 09-09-2014, the injured worker reported pain in the head, right arm, right leg, neck, right shoulder, right buttock, thoracic spine, right elbow, right hip, right hand, right knee, right low back and right ankle and foot. The pain is worse by lifting, sitting, bending, physical activity stress, standing, twisting, weather changes, walking and no sleep. The pain is better by sleep, medication, meditation, rest, nerve blocks, walking, ice, physical activity, exercise and changing position. The injured worker rated pain in the last month with medications as a 4 out of 10 least, average pain 5 out of 10, worst pain a 7 out of 10. In the last month without medication the injured worker rated pain 5 out of 10 at least, average pain 6 out of 10, and worst pain a 7 out of 10. Current medications include Percocet, Cyclobenzaprine, Colace and Miralax. Objective findings (09-09-2015) revealed improved neck range of motion. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. Medical records indicate that the injured worker has been on Percocet (Oxycodone-Acetaminophen) 5-325mg since at least February of 2015 and Cyclobenzaprine since at least June of 2015. The treating physician prescribed Percocet (Oxycodone-Acetaminophen) 5-325mg #60 and Cyclobenzaprine HCL 10mg #60 with 2 refills. The utilization review dated 09-21-2015, non-certified the request for Percocet (Oxycodone-Acetaminophen) 5-325mg #60 and Cyclobenzaprine HCL 10mg #60 with 2 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet (Oxycodone/Acetaminophen) 5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/9/15. Therefore, the request is not medically necessary and the determination is for non-certification.

**Cyclobenzaprine HCL 10mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Therefore, the request for Cyclobenzaprine HCL 10mg #60 with 2 refills is not medically necessary.