

<b>Case Number:</b>	CM15-0199872		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/20/1995
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old woman sustained an industrial injury on 8-20-1995. Diagnoses include post-lumbar surgery syndrome, neuropathic pain, low back pain, lower extremity radiculopathy, and recent spinal cord stimulator implant. Treatment has included oral medications, surgical intervention, and spinal cord stimulator. Physician notes dated 8-14-2015 show complaints of back and bilateral lower extremity pain rated 3 out of 10. The physical examination shows a reduction of the general swelling in the left leg and new vascular varicosities on the right thigh. Tenderness to palpation is noted at T11-T12 and in the lumbar spine region. Lumbar range of motion is "reduced" (without measurements) by 50% and hip loading, sacroiliac loading, and piriformis loading are minimally painful. The worker is noted to have a reduction in pain since insertion of the spinal cord stimulator with pain ratings decreased from 7-10 out of 10 to 3 out of 10 currently with a noted decrease in pain medications and an absence of opioids.

Recommendations include cyclobenzaprine for episodic cramping of the calf post-operatively, Cymbalta, Ibuprofen, Dexilant, Glucosamine and Chondroitin, Dyazide, and follow up in 90 days. Utilization Review denied requests for Dyazide and Cyclobenzaprine on 10-5-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dyazide 37.2/25 mg Qty 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com : triamterene/hydrochlorothiazide (<http://reference.medscape.com/drug/dyazide-triamterene-hydrochlorothiazide-342342#0>).

**Decision rationale:** Dyazide is a combination drug product which contains both triamterene and hydrochlorothiazide, both diuretics commonly used in the treatment for hypertension or chronic edema. In the case of this worker, Dyazide was prescribed and taken in response to lingering edema in the left leg following a DVT in the left leg due to inactivity due to the injury in question. Upon review of the notes provided, this medication appears to be reasonable and appropriate to be continued. Therefore, the Dyazide 37.5/25 mg #120 will not be considered medically necessary at this time.

**Cyclobenzaprine 10 mg Qty 240:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit. The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, cyclobenzaprine was prescribed and taken intermittently (frequency not stated in notes) for leg cramping. There was insufficient reporting found in the notes regarding how effective this medication was at improving function and reducing cramping/pain with cyclobenzaprine use. Regardless, if it was only used intermittently, then this request for #240 pills seems excessive, considering that if it was nearly every day that it is used, then chronic use would not be recommended. Therefore, considering these factors, this request will not be medically necessary at this time.