

<b>Case Number:</b>	CM15-0200249		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/10/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/01/2015
<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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 51 year old male, who sustained an industrial-work injury on 12-10-14. He reported initial complaints of neck, back and right wrist pain. The injured worker was diagnosed as having DDD (degenerative disc disease) of cervical and lumbar spine, sprain-strain of thoracic region, cervical spondylosis without myelopathy, and pain in joint of hand. Treatment to date has included medication, physical therapy, and chiropractic sessions. Currently, the injured worker complains of right wrist pain but with improvement, neck pain with radiation into his right cervicobrachial region and right shoulder, pain is worse with colder weather, extension of neck, and slightly better with physical therapy. The lumbar spine chiropractic sessions are somewhat painful with some relief of Norco (30% decrease). There were no aberrant behavior and has a medical marijuana license. Medications include Nabumetone-Relafen 500 mg, Pantoprazole-protonix 20 mg, Cyclobenzaprine 5 mg, Norco 10-325 mg, anti-inflammatory med (other MD), and Cyclobenzaprine (other MD). Per the primary physician's progress report (PR-2) on 9-14-15, exam noted normal gait and muscle tone, and muscle strength, limited range of motion to the neck, painful axial loading of facet joints on the right side, tenderness with palpation of the right cervicobrachial region and right cervical paraspinous musculature. The Request for Authorization requested service to include Cyclobenzaprine 5 mg #90 and Norco 10/325 mg #120. The Utilization Review on 10-1-15 denied the request for Cyclobenzaprine 5 mg #90 and Norco 10/325 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5 mg #90: 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): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "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). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. Per the medical records submitted for review, it is noted that the injured worker has a reduction in muscle spasms and improvement in function with the use of Flexeril. He states that it helps him perform activities of daily living with less pain. However, the medical records indicate that the injured worker has been using this medication since at least 12/2014. As it is recommended only for short-term use, medical necessity cannot be affirmed.

**Norco 10/325 mg #120: Overturned**

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on- going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per note dated 10/7/15, it was noted that the use of Norco decreased the injured worker's pain from a 7/10 to a 3/10 on VAS scale. This allows him to participate and complete physical therapy for his cervical spine and for his right wrist. It helps him to continue with home exercises. He denies any side effects with this medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical

necessity. It was noted that UDS was performed 9/14/15 and was negative for opiates, which was noted to be consistent with the injured worker's prescription for Norco, as he was using it on an as needed basis only. DEA CURES report dated 9/15/15 indicated that the injured worker was receiving opioids only from the provider's office. I respectfully disagree with the UR physician's assertion that the medical records contained no evidence of improved function and decreased pain with this medication. The request is medically necessary.