

<b>Case Number:</b>	CM15-0201890		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 47 year old female, who sustained an industrial injury on 8-9-2013 The injured worker is undergoing treatment for: cervical sprain and strain, left shoulder sprain and strain, right knee sprain and strain, and left knee sprain and strain. On 8-10-15, she reported pain to the neck, left shoulder, bilateral knees. She also reported depression, anxiety, and irritability. On 9-3-15, she reported sharp, stabbing neck and left shoulder pain and weakness rated 8 out of 10, intermittent bilateral knee pain rated 7 out of 10. Objective findings revealed tenderness and painful range of motion of the neck and left shoulder, tenderness and painful range of motion of the bilateral knees. The records do not indicate a current assessment of her sleep hygiene. There is no discussion of her current functional status, or 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. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the left knee (12-17-13), left shoulder surgery (4-11-14), urine drug screen (4-30-15), and at least 3 physical therapy sessions. Medications have included: Cyclobenzaprine, Diclofenac sodium, Zolpidem, and Percocet. The records indicate she has been utilizing Cyclobenzaprine since March 2015, possibly longer. The records indicate she has been utilizing Percocet since at least April 2015, possibly longer. Current work status: not documented. The request for authorization is for: Cyclobenzaprine 7.5mg quantity 90, one tablet two times a day; Diclofenac sodium 100mg quantity 60, one tablet two times a day; Zolpidem 10mg quantity 30, one tablet daily; Percocet 5-325mg quantity 5, one tablet daily. The UR dated 9-16-2015: Non-certified the requests for Cyclobenzaprine 7.5mg quantity 90, one

tablet two times a day; Diclofenac sodium 100mg quantity 60, one tablet two times a day; Zolpidem 10mg quantity 30, one tablet daily; Percocet 5-325mg quantity 5, one tablet daily.

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

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

**Cyclobenzaprine 7.5mg #90 1 t po bid:** 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), Muscle relaxants (for pain).

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. In addition, there is no clinical indication presented for the chronic or indefinite use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

**Diclofenac Sodium 100mg #60 1 t po bid:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** According to California MTUS Guidelines, oral NSAIDs, such as Diclofenac, are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to the ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. In this case, there is no documentation of objective functional benefit in the past. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Zolpidem 10mg #30 1 t po:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

**Decision rationale:** Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory more than opioid analgesics, and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

**Percocet 5/325 #5 1 t po:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of symptomatic benefit, improved pain level, functional improvement, or ability to return to work with previous opioid treatment. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.