

<b>Case Number:</b>	CM15-0206588		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 59-year-old female, who sustained an industrial-work injury on 4-13-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar Herniated Nucleus Pulposus (HNP), lumbar radiculopathy and thoracic spine Herniated Nucleus Pulposus (HNP). Treatment to date has included pain medication Norco since at least 1-14-15, Cyclobenzaprine since at least 1-14-15, Lidopro cream, Capsaicin cream, Nabumetone, (Tylenol, Advil, Aleve with minimal relief), lumbar epidural steroid injection (ESI) X2 with 80-90 percent relief for 2 months, 3 sessions chiropractic with minimal relief, diagnostics, walking, home exercise program (HEP), and other modalities. Medical records dated 8-26-15 indicate that the injured worker complains of low back tightness, aching and burning with activity and quick movements increasing the pain. The pain is currently rated 7 out of 10 on the pain scale. The injured worker reports she has been walking for exercise and increasing her activities and is able to walk longer and not as irritated with taking Norco. Per the treating physician report dated 8-26-15 the injured worker is not currently working and last worked 4-13-13. The physical exam reveals tenderness to palpation of the lumbar spine with spasms, there are decreased lumbar ranges of motion, there is positive Hoffman's test bilaterally, and the straight leg raise on the left causes knee pain at 40 degrees. The physician treatment was to begin a trial of Relafen for recent flare up pain and continue with medications. The physician does not indicate concerns of abuse of the medications, intolerance to the medications or monitoring of urine drug testing. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The records do not indicate least reported pain over the period since last

assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The requested services included 120 Cyclobenzaprine 7.5mg and 60 Norco 10-325mg plus refill. The original Utilization review dated 9-24-15 non-certified the request for 120 Cyclobenzaprine 7.5mg and modified the request for 60 Norco 10-325mg plus refill modified to 60 Norco 10-325mg with no refills for tapering.

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

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

#### **120 Cyclobenzaprine 7.5mg: 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Chronic Pain Medical Treatment Guidelines MTUS 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009). Page 41-42 of 127. This claimant was injured in 2013 with a low back injury. There was a recent flare of pain. 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. 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.

#### **60 Norco 10/325mg plus refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list, Weaning of Medications.

**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. 9792.20-9792.26 Page 79, 80 and 88 of 127. This claimant was injured in 2013 with a low back injury. There was a recent flare of pain. 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.