

<b>Case Number:</b>	CM15-0209969		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, California

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 is a 45 year old male patient who sustained an industrial injury on 08-07-2008. The diagnoses include closed head injury status post craniotomy, omental patch placed for cerebral spinal fluid leak, lower back pain, MRI revealing disk herniation L4-L5 impinging the right L4 nerve root with ongoing neuropathy and radicular symptoms persisting, cervical sprain strain with laminar fracture at C6 with ongoing neck pain, myofascial pain, left shoulder girdle sprain strain, MRI revealing labral tear with chronic tendinopathy, TMJ malocclusion due to multiple dental fracture with fractures of the jaw, cognitive dysfunction, memory loss related to closed head injury, persistent postconcussive headache, hearing loss left ear with abnormal audiogram following head injury, industrial onset of depression with posttraumatic stress disorder and possible sleep apnea. According to a progress report dated 09-30-2015, the patient reported "severe" back pain that radiated into the right side of his leg with a burning sensation and "severe" cramps. He reported ongoing left shoulder pain, issues with cognitive dysfunction, memory loss and depression. The psychologist recommended further psychology treatment. The patient did not want to go back to the psychologist anymore. Cymbalta was working and keeping his mood upbeat. He required pain medications almost daily. Medications were helpful in keeping him functional. He reported a 50% reduction in pain and functional improvement with activities of daily living with the medications. Pain was rated 8, at best at 4 with medications and 10/10 without medications. He was fearful of more surgery and did not want any epidural injections. Physical exam revealed limited neck range of motion, left shoulder- positive Impingement with crepitus; left elbow- tenderness and limited ability to full extend and supinate

the forearm; lumbar spine- limited range of motion, 4/5 strength, decreased sensation and absent Achilles reflex on the right lower extremity. The medications list includes Oxycodone IR 10 mg, Amrix 15 mg as needed for back spasms, Cymbalta 60 mg and Lyrica 75 mg. He had left shoulder MRI on 5/22/12 and 11/25/2014; CT cisternogram sinus dated 8/6/2013; lumbar spine MRI dated 11/6/2013. His surgical history includes hernia repair in 2007, tympanoplasty in 1975, wrist surgery, elbow surgery, brain surgery in 2008, external and middle ear surgery and nasal septum surgery. The provider noted that the patient was under a narcotic contract and that urine drug screens had been appropriate. Follow up was indicated in 4 weeks. Documentation shows use of Oxycodone IR dating back to January 2015 and use of Amrix dating back to May 2015. On 10-16-2015, Utilization Review non-certified the request for Amrix 15 mg #60, modified the request for Oxycodone IR 10 mg @120 and authorized the request for Cymbalta and Lyrica.

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

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

**Amrix 15mg, #60:** Overturned

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

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

**Decision rationale:** Amrix contains cyclobenzaprine which is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain." Per the records provided the patient has "severe" back pain that radiated into the right side of his leg with a burning sensation and "severe" cramps; ongoing left shoulder pain. The patient has objective findings on the physical examination- limited neck range of motion, left shoulder- positive Impingement with crepitus; left elbow- tenderness and limited ability to full extend and supinate the forearm; lumbar spine- limited range of motion, 4/5 strength, decreased sensation and absent Achilles reflex on the right lower extremity. The patient has history of multiple surgeries. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Amrix 15mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.

**Oxycodone IR (immediate release) 10mg, #120:** Overturned

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

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

**Decision rationale:** According to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects....." Per the records provided the patient has "severe" back pain that radiated into the right side of his leg with a burning sensation and "severe" cramps; ongoing left shoulder pain. The patient has objective findings on the physical examination- limited neck range of motion, left shoulder- positive Impingement with crepitus; left elbow- tenderness and limited ability to full extend and supinate the forearm; lumbar spine- limited range of motion, 4/5 strength, decreased sensation and absent Achilles reflex on the right lower extremity. Per the notes, the patient had a significant traumatic brain injury. He has undergone multiple surgeries. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Medications were helpful in keeping him functional. He reported a 50% reduction in pain and functional improvement with activities of daily living with the medications. Pain was rated 8, at best at 4 with medications and 10/10 without medications. The provider noted that the patient was under a narcotic contract and that urine drug screens had been appropriate. The request for Oxycodone IR (immediate release) 10mg, #120 is medically appropriate and necessary for this patient to use as prn during acute exacerbations.