

<b>Case Number:</b>	CM15-0025556		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/19/2002
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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

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 was a 37 year old male, who sustained an industrial injury, September 19, 2002. The injured worker was hurt while lifting heavy tiles and felt a discomfort in the back. According to progress note of January 6, 2015, the injured workers chief complaint was lower back pain. The physical exam noted Anteflexion of the trunk on the pelvis allows for 20 degrees of flexion, extension was 5 degrees, rotation to the left was 10 degrees and 10 degrees to the right and lateral flexion to the left and right was 5 degrees. There was paracervical tenderness from C2 to C7-T1. There was tenderness noted at the parathoracic T1 to T12-L1 and paralumbar tenderness from L1 to L5-S1 with thoracic and lumbar spasms. There was left trochanteric tenderness, but no tenderness on the right. The injured worker was diagnosed with status post anterior lumbar discectomy and fusion at L4-L5 and L5-S1 on December 5, 2011, chronic left lumbar extremity greater than the right lower extremity radicular symptoms, chronic cervical pain with an MRI scan which showed minimal bilateral neural foraminal encroachment due to uncovertebral joint hypertrophy at multiple levels, sexual dysfunction, depression, anxiety and chronic abdominal pain with abdominal mass related to the abdominal surgery from the industrial injury. The injured worker previously received the following treatments Flexeril 7.5mg two times daily, Norco 5/325mg 1 every 4 hour as needed for pain, Butrans patches, random toxicology laboratory studies, posterior decompression with pedicle screw fixation, stabilization and fusion L4-L5 and L5-S1. On January 6, 2015, the primary treating physician requested denied authorization for prescriptions for Butrans Patches 5mcg #4 and Flexeril 5mg #60 with 3 refills. On January 13, 2015, the Utilization Review denied authorization for

prescriptions for Butrans Patches 5mcg #4 and Flexeril 5mg #60 with 3 refills. The denial was based on the MTUS/ACOEM and ODG guidelines.

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

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

#### **1 prescription of Butrans patch 5mcg, #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27 and 74-96.

**Decision rationale:** The CA MTUS recommend that opioids can be utilized for the exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The guidelines recommend that because Butrans is a partial agonist with a ceiling effect and lower addiction potential, it can be utilized as second line opioids in patients with a history of addiction and prior detoxification treatment. The combination of Butrans with a pure agonist such as Norco results in decreased efficacy because of the ceiling effect. The records did not show that the patient had addiction history or a history of detoxification treatments. The criteria for the use of Butrans 5mcg #4 were not met.

#### **1 prescription for Flexeril 5mg, #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 and 63-66.

**Decision rationale:** The CA MTUS guidelines recommend that muscle relaxants can be utilized for short term period for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative medications. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended limit of 4 to 6 weeks. There is no documentation of intractable muscle spasm or failure of PT treatments. The criteria for the use of Flexeril 5mg #60 with 3 refills were not met.