

<b>Case Number:</b>	CM15-0027575		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/01/2006
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Utah, Arkansas  
 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:

The injured worker is a 73 year old male who sustained a work related injury on August 1, 2006, where he injured his lower back after grabbing a weight of over 100 pounds from falling. He was diagnosed with a lumbar strain and degenerative lumbar spine disease. Treatments included pain medications, muscle relaxants, epidural steroid injections, and Radiofrequency Ablation. Magnetic Resonance Imaging (MRI) showed no bulging disk but lumbosacral facet disease. Currently, the injured worker complained of ongoing lower back pain, decreased range of motion and decreased sensation on the right side compared to the left. On January 20, 2015, a request for one prescription of Cyclobenzaprine and Tylenol #4 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine (unknown quantity/duration/dosage):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition) -

Disability Duration Guidelines (Official Disability Guidelines 9th Edition) Work Loss Data Institute.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: Flexeril is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Flexeril requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Flexeril is not indicated a medical necessity to the patient at this time.

**Tylenol # 4 (unknown quantity/duration/dosage):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition) - Disability Duration Guidelines (Official Disability Guidelines 9th Edition) Work Loss Data Institute.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Tylenol #4 the patient was taking previously, if at all, and what the results/outcome of taking that medication were. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Tylenol #4 is not indicated a medical necessity to the patient at this time.