

<b>Case Number:</b>	CM15-0059878		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/03/2003
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 54 year old female, who sustained an industrial injury on September 3, 2003. She reported falling while pushing a wheelchair up a ramp, with a CT scan revealing a massive left hydronephrosis. The injured worker was diagnosed as having lumbosacral spondylosis. Treatment to date has included radiofrequency ablation, left nephrectomy in 2003 and medication. Currently, the injured worker complains of lumbar pain. The Treating Physician's report dated February 11, 2015, noted the injured worker reporting her lumbar pain improved since the radiofrequency ablation of the left lumbar L3, L4 and dorsal ramus L5 on January 27, 2015. The injured worker was noted to have developed some arthritic changes in her hands and an abscess in the left side of her neck. The Physician noted a proximal screen from January 2015, was inconsistent with the opioid drug treatment protocol and the narcotic contract, with morphine, which was not prescribed, with the injured worker denying taking any medication other than what was prescribed by the provider. A spot urine drug screen (UDS) was performed to ascertain compliance with the opioid drug treatment protocol. The lumbar spine examination was noted to show 2 muscle spasm in the bilateral low back. The Physician noted the treatment plan included Fenoprofen, Norco, and Cyclobenzaprine, with prescriptions for Bactroban and Keflex for the neck abscess, advised to see her primary care physician for follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in September 2003 and continues to be treated for back and radiating leg pain. Medications included Norco. The claimant has ongoing severe pain and urine drug screening test results have been inconsistent with prescribed medications. Norco is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in September 2003 and continues to be treated for back and radiating leg pain. Medications included Norco. The claimant has ongoing severe pain and urine drug screening test results have been inconsistent with prescribed medications. Cyclobenzaprine is being prescribed on a long-term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use and was therefore not medically necessary.