

Case Number:	CM15-0083433		
Date Assigned:	05/05/2015	Date of Injury:	11/17/2006
Decision Date:	06/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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: California
Certification(s)/Specialty: Internal 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 44-year-old male patient who sustained an industrial injury on 11/17/2006. A treating physician's visit dated 09/17/2014 reported the patient stable with medications Norco, Motrin, Flexeril, and Ambien. She is with subjective complaint of condition remains the same. Of note, he has not been attending therapy session. An orthopedic follow up visit dated 12/05/2014 reported subjective complaint of ongoing pain, which has recently increased. He continues to work full time duty. His lumbar spine is with occasional pain that extends across the lumbar spine radiating into the right buttock and posterior calf. He is also experiencing increased cervical pain. He even states that more recently depending on the position, his arms will become numb and tingly. Medication history: Hydrocodone/APAP 10/325, Terazosin, Zolpidem, Flexeril, and Ibuprofen. The following diagnoses are applied: post laminectomy syndrome, lumbar region; lumbago; disorders sacrum; arthralgia sacroiliac joint, and lumbosacral spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Muscle relaxants Pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Flexeril 10 mg #60 was requested on 4/17/15. The corresponding progress report was not in the submitted medical records. Without the 4/17/15 progress report, the request for Flexeril is not supported. Medical records document that the patient's occupational injuries are chronic. Medical records document the long-term use of the muscle relaxant Cyclobenzaprine (Flexeril). MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS and FDA guidelines. Medical records document the long-term use of NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Cyclobenzaprine (Flexeril) is not supported by MTUS or ACOEM guidelines. Therefore, the request for Flexeril (Cyclobenzaprine) is not medically necessary.

60 tablets of Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. American College of

Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that nonsteroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. Ibuprofen 800 mg #60 was requested on 4/17/15. The corresponding progress report was not in the submitted medical records. Without the 4/17/15 progress report, the request for Ibuprofen is not supported. The use of the NSAID Ibuprofen is not supported by MTUS guidelines. Therefore, the request for Ibuprofen is not medically necessary.

60 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. Medical records document the long-term use of opioids. Norco 10-325 mg #60 was requested on 4/17/15. The corresponding progress report was not in the submitted medical records. Without the 4/17/15 progress report, the request for Norco 10-325 mg is not supported. The urine drug screen collected on 12/17/14 was positive for Oxycodone and Norbuprenorphine, which is potentially aberrant. The request for Norco 10-325 mg is not supported by MTUS guidelines. Therefore, the request for Norco 10-325 mg #60 is not medically necessary.