

<b>Case Number:</b>	CM14-0111479		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46 year old female who reported an injury to both lower extremities. No description of the initial injury was provided in the documentation. The clinical note dated 06/16/14 indicates the injured worker complaining of an aching sensation in the low back with a burning and stabbing sensation in the left leg and ankle. The injured worker also reported numbness in the head. Upon exam, the injured worker was identified as having an antalgic gait. Tenderness was identified in the paraspinous musculature throughout the lumbar region. The injured worker was able to demonstrate 10 degrees of flexion along with 5 degrees of extension and 10 degrees of bilateral lateral flexion. Decreased sensation was identified in the L4, L5, and S1 dermatomes. Decreased sensation was also identified at the dorsum of the feet. The clinical note dated 04/25/14 indicates the injured worker continuing with ongoing low back and lower extremity pain. The injured worker rated the pain as 9/10 at that time. The note indicates the injured worker utilizing Ultram and Flexeril at that time. There was also an indication the injured worker is utilizing transdermal medications as well. The clinical note dated 04/02/14 indicates the injured worker having been prescribed the use of Tramadol as well as Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription for Norco 10/325 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77.

**Decision rationale:** Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics it is not medically necessary and appropriate.

**Prospective request for 1 prescription for Ultram 50 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 113.

**Decision rationale:** Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics it is not medically necessary and appropriate.

**Prospective request for 1 prescription for Cyclobenzaprine 10 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, it is not medically necessary and appropriate.