

<b>Case Number:</b>	CM14-0145938		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/25/2002
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Texas and Oklahoma. 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 50-year-old male with a reported injury on 07/25/2002. The mechanism of injury was climbing in and out of a Boom lift. The injured worker's diagnoses included lumbar disc disease, chronic low back pain with radiation into the lower extremities, and superimposed sensory neuropathy that did not appear to relate to the industrial injury. The injured worker's past treatments included medications, rest, ice, physical therapy, a home exercise program and a psychiatric evaluation. The injured worker's previous diagnostic testing has included x-rays, MRIs, EMG, CT scans and nerve conduction studies. The injured worker's previous surgical history included an anterior L5-S1 discectomy, partial L5-S1 vertibrectomy, and dissection and fusion from L5-S1 using autogenous left iliac crest bone harvested through a separate left iliac crest incision with repair of the pelvis using iliac allograft. In addition, the surgeon performed a left L5-S1 laminectomy, decompression of the left S1 nerve root, and a posterior lateral fusion of L5-S1 using pedicle screws and rods. On 02/24/2012, the injured worker complained of severe low back pain with radiation of pain into the bilateral lower extremities. He had tried multiple medications with limited improvement. At that time his medications were Lortab, Ibuprofen, and Cyclobenzaprine. On 05/08/2014, the injured worker was seen to follow up with lab results. A slightly elevated alkaline phosphatase level was noted and the injured worker reported he drank beers. Examination showed satisfactory sensory, motor, and deep tendon reflexes. The treatment plan included refilling medications, including Lortab and Vicoprofen. The requests are for Lortab 10/325 mg 3 to 4 tablets daily and Cyclobenzaprine 10 mg. No rationale was provided for these requests. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab 10/325mg 3-4 tablets daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78..

**Decision rationale:** The request for Lortab 10/325mg 3-4 tablets daily is not medically necessary. The injured worker reported severe low back pain with radiation of pain into the bilateral lower extremities on 02/24/2012. The California MTUS Chronic Pain Medical Treatment Guidelines recommend opioid management include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate a prescription for Lortab since at least 02/24/2012. A complete pain assessment was not provided. There is no indication of significant pain relief, objective functional improvements, appropriate medication use, or side effects with the use of Lortab. Additionally, the request does not indicate a quantity to be dispensed. Therefore, the request for Lortab 10/325mg 3-4 tablets daily is not medically necessary.

**Cyclobenzaprine 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63..

**Decision rationale:** severe low back pain with radiation of pain into the bilateral lower extremities on 02/24/2012. The California MTUS Chronic Pain Medical Treatment Guidelines recommend muscle relaxants for pain as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The medical records provided indicate a prescription for Cyclobenzaprine since at least 02/24/2012. There is no indication of significant pain relief or objective functional improvement with use. Nonetheless, the guidelines do not support the long-term use of Cyclobenzaprine. Additionally, the request did not include a frequency of dosing, or an amount to be dispensed. Therefore, the request for Cyclobenzaprine 10mg is not medically necessary.