

<b>Case Number:</b>	CM14-0148610		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/09/2008
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52 year old female who was injured on 2/21/2007. The diagnoses are lo back, SI joints, bilateral knees and myofascial pain. There are associated diagnoses of anxiety disorder, depression and insomnia. The 2012 MRI of the lumbar spine showed degenerative disc disease and neural foraminal stenosis. The EMG/NCS showed right S1 radiculopathy. On 9/12/2014, [REDACTED] / [REDACTED] NP noted subjective complaints of pain score of 5/10 on a scale of 0 to 10. There was low back pain radiating to the lower extremities. The objective finding was significant for tenderness over the facet area and decreased sensation along the right L5 dermatomes. The medications are Trazodone for sleep and depression, Norco and gabapentin for pain and cyclobenzaprine for muscle spasm. A Utilization Review determination was rendered on 8/28/2014 recommending non-certification for Norco 5/325mg #60 and Cyclobenzaprine 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The records did not show that the injured worker failed standard treatment. The injured worker reported significant pain relief with the use of Gabapentin but the dosage had not been optimized. The criteria for the use of cyclobenzaprine 10mg #30 were not met; therefore, the request is not medically necessary.

**Norco 5/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for maintenance treatment of chronic musculoskeletal pain when non opioid, physical therapy and surgical options have been exhausted. The records indicate that the injured worker reported significant pain relief and increase in physical activity with the use of pain medications. There were no reported aberrant drug behavior or medication side effects. The provider was awaiting authorization for UDS monitoring tests. The criteria for the use of Hydrocodone/APAP 5/325mg #60 were met; therefore, the request is medically necessary.