

<b>Case Number:</b>	CM14-0163474		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/21/1995
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 54 year-old male with the date of injury of 07/21/1995. The patient presents with pain in his lower back, radiating down his legs bilaterally with tingling or numbing sensations. He presents limited range of lumbar motion. Exam reveals positive straight leg raise. MRI for L-spine from 03/19/2013 reveals, there are mild bilateral neural foraminal narrowing 2) At3-L4, mild degenerative disc disease with 2mm disc bulge with marginal osseous spurring & facet hypertrophy with mild central canal narrowing & mild bilateral neural foraminal narrowing. The patient is currently taking Hytrin, Omeprazole, Lunesta, Cyclobenzaprine, Lyrica, Duragesic patch, Norco, Advair Diskus, Lovastatin, Metformin, Androgel and Lisinopril. According to [REDACTED] report on 09/25/2014, diagnostic impressions are: 1) Spinal Lumbar DDD2) Post Lumbar Laminectomy syndrome3) Piriformis Syndrome 4) Lumbar radiculopathyThe utilization review determination being challenged is dated on 09/23/2014. [REDACTED] is the requesting provider, and he provided treatment 2 reports from 08/28/2014 to 09/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain and weakness in his lower back and legs. The request is for Cyclobenzaprine 10mg #90. The utilization review letter on 09/23/2014 indicates that the patient had 12 visits of physical therapy with improvement. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The provider's reports do not contain any indication of exactly when the patient began taking Cyclobenzaprine or how Cyclobenzaprine has been helpful in terms of decreased pain or functional improvement. The provider does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. Review of the reports show patient has used Cyclobenzaprine at least from 08/28/2014 to 09/25/2014. Recommendation is for denial.

**Duragesic 25mcg/hr patch #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 8-9, 88-89.

**Decision rationale:** The patient presents with pain and weakness in his lower back and legs. The request is for Duragesic 25mg/hr patch #15. According to MTUS guidelines page. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, reports from 08/28/2014 to 09/25/2014 provide no discussions regarding how Duragesic patch has been helpful in terms of decreased pain or functional improvement. In addition, the provider does not use any numerical scales to assess patient's pain and function as required by MTUS. There are no discussions regarding the patient's ADL's and how this medication has affected it; no mention of the patient's quality of life. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

**Lunesta 3mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental chapter (Lunesta)

**Decision rationale:** The patient presents with pain and weakness in his lower back and legs. The request is for Lunesta 3mg #30. MTUS guidelines do not mention Lunesta . ODG guidelines allow Lunesta 1-2mg for difficulty falling sleep and 2-3mg for sleep maintenance. It is FDA approved for use longer than 35 days, and studies have shown benefit over 6 month period. In this case, however, the provider's reports do not mention the patient's sleep condition. There is no indication of exactly when the patient began taking Lunesta or how Lunesta has been helpful in terms of managing the patient's sleep. MTUS page 8 requires documentation of efficacy for treatments to continue. Given the lack of sufficient documentation demonstrating efficacy for chronic sleeping medication use, recommendation is for denial.

**Hytrin 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/hytrin-drug.htm>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/hytrin-drug.htm>; Hytrin (terazosin HCL)

**Decision rationale:** The patient presents with pain and weakness in his lower back and legs. The request is for Hytrin 5mg capsule #30. MTUS guidelines do not mention Hytrin. ODG guidelines do not mention Hytrin either. According to <http://www.rxlist.com/hytrin-drug.htm>, Hytrin (terazosin HCL) tablets are also used for hypertension. The provider's reports do not mention the patient's hypertension condition. There is no indication of exactly when the patient began taking Hytrin or how Hytrin has been helpful in terms of decreased pain or functional improvement. Recommendation is for denial.