

<b>Case Number:</b>	CM14-0091961		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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 48 year old female with an injury date of 01/25/10. Based on the 05/20/14 progress report provided by [REDACTED] the patient presents with persistent low back pain and left L5 radicular symptoms. A physical examination to the lumbar spine revealed tenderness and spasm to the paraspinal muscles of the lumbar and lumbosacral region. Range of motion is restricted in all planes due to pain. Straight leg raise test is positive on the left. Patient has been taking Flexeril and Norco without any reported adverse side effects. Pain and spasm are reduced by 40% with medications. Patient is low risk for opioid use/abuse. MRI of the Lumbar Spine on 04/06/12- moderate L4-5 diffuse disc bulge- retrolisthesis of L4 on L5, and left lateral disc/osteophyte complex causing stenosis- L5-S1 diffuse disc bulge along with left lateral disc protrusion/facet hypertrophy causing foraminal stenosis. Diagnosis 05/20/14: lumbar radiculopathy; degeneration of intervertebral disc; displacement of lumbar disc without myelopathy; psychalgia; anxiety; depressive disorder. [REDACTED] is requesting: 1. Cyclobenzaprine 10mg, #30 Refills: 2 2. Norco 10/325mg, #90 Refills: 2. The utilization review determination being challenged is dated 06/05/14. The rationale follows: 1. Cyclobenzaprine 10 mg #30 Refills: 2 : "Recommended for a short course of therapy." 2. Norco 10/32,5mg #90 Refills: 2: "not medically necessary, however Norco 10/325mg, #75 Refills: 0 is medically appropriate/necessary. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/14 - 05/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg, # 30 Refills: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): ; Muscle relaxants (for pain).

**Decision rationale:** The patient presents with persistent low back pain and left L5 radicular symptoms. The request is for Cyclobenzaprine 10mg, #30 Refills: 2. Patient diagnosis includes lumbar radiculopathy degeneration of intervertebral disc, and displacement of lumbar disc without myelopathy. MTUS Chronic Pain Medical Treatment Guidelines pg 63-66 states "for Antispasmodics: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." Though treater states that cyclobenzaprine provides a 40% reduction in pain and spasm per progress report dated 05/20/14, guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Recommendation is for denial.

**Norco 10/325mg, #90 Refills: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS ONGOING MANAGEMENT Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for the use of Opioids Page(s): 60, 61; 88, 89; 78.

**Decision rationale:** The patient presents with persistent low back pain and left L5 radicular symptoms. The request is for Norco 10/325mg, #90 Refills: 2. Patient diagnosis includes lumbar radiculopathy, degeneration of intervertebral disc, and displacement of lumbar disc without myelopathy. According to MTUS, pg. 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 page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also 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, while the treater provides a general statement that Norco reduces pain by 40% per progress report dated 05/20/14, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding specific ADL's (activities of daily living), etc. Given the lack of documentation as required by MTUS, recommendation is for denial.