

Case Number:	CM14-0212322		
Date Assigned:	02/03/2015	Date of Injury:	06/10/2011
Decision Date:	03/05/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 69 year-old female with a date of injury of 06/10/2011. The results of the injury include chronic lower pain with bilateral lower extremity radiculopathy. Diagnoses have included low back pain; lumbar radiculopathy; lumbar sprain; lumbar degenerative disc disease; lumbar spondylosis without myelopathy; and scoliosis of the lumbar spine. Diagnostic studies have included and MRI of the lumbar spine, dated 06/15/2014, which revealed L5-S1 5 mm anterior listhesis; severe right, moderate left neural foramina stenosis; L4-L5 mild/moderate central canal stenosis; L3-L4 small disc bulge; and moderately severe posterior facet arthrosis. Treatments have included medications and epidural steroid injections. Medications have included Norco and Cyclobenzaprine. A progress note from the treating physician, dated 11/14/2014, documents a follow-up examination of the injured worker. The injured worker reported severe lower back with radiating radicular pain in the right lower extremity; weakness of the right lower extremity; numbness of the right third, fourth, and fifth toes; and increasing depression, for which a medication was recently prescribed. The injured worker reports the last epidural injection had reduced pain level by 50% for two months, and current pain medications are helping to reduce pain by 30%. Objective findings included ambulation with favoring of the right lower extremity; tenderness upon palpation of the paraspinal region at L3 and L4; normal range of motion; diminished reflexes noted at the right ankle, right knee; and supine/seated straight leg raising tests positive on the right and left. Treatment plan was documented to include possible right L4-L5 and L5-S1 transforaminal epidural steroid injection upon authorization; continuation/refill of

medications; and follow-up evaluation. Request is being made for a prescription for Norco 7.5-325 mg #90 and a prescription for Cyclobenzaprine 10 mg #60. On 11/19/2014, Utilization Review non-certified a prescription for Norco 7.5-325 mg #90. Utilization Review non-certified a prescription for Norco 7.5-325 mg #90 based on the injured worker already receiving another short-acting preparation Oxycodone with Acetaminophen, and the usage of two short-acting opioids with acetaminophen simultaneously is not considered indicated and is not supported by guidelines. However, Utilization Review is modifying the prescription for this medication due to the nature of the drug, and one month supply is approved for weaning. The Utilization Review cited the CA MTUS: Chronic Pain Medical Treatment Guidelines, Criteria for Use of Opioids. Utilization Review non-certified a prescription for Cyclobenzaprine 10 mg #60. Utilization Review non-certified a prescription for Cyclobenzaprine 10 mg #60 based on the medication having no proven role in the treatment of chronic pain syndrome, and chronic usage increases the propensity for side effects. As well, documentation does not support that the injured worker currently has acute myospasm or breakthrough myospasm. However, Utilization Review is modifying the prescription for this medication due to the nature of the drug, and one month supply is approved for weaning. The Utilization Review cited the CA MTUS: Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (for pain). Application for independent medical review was made on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg-325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been taking Norco since at least June 2014 and

has not obtained analgesia. In addition the patient has been prescribed other short-acting opioids. Criteria for long term opioid use have not been met. The request is not medically necessary.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient had been taking the cyclobenzaprine since at least June 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request is not medically necessary.