

<b>Case Number:</b>	CM14-0212734		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/10/1998
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California  
 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:

Patient with reported date of injury on 9/10/1998. Mechanism of injury is from lifting a briefcase and files from backseat of car. Patient has a diagnosis of lumbar post fusion syndrome, Osteoarthritis of knee, multiple level lumbar reconstruction, chronic back pain, regional myofascial pain syndrome, chronic pain syndrome, mood/sleep disorder and chronic opioid dependence. Medical reports reviewed. Last report available until 11/25/14. Patient was for followup for chronic pain. Has "significant" low back pain. Fell and injured L knee. No pain scale was documented on that visit. No physical exam was documented on visit. Last physical exam is from progress note dated 10/3/14 which only notes "significant tenderness to both knees" and "knees were swollen and red with evidence of effusion." Documentation notes worsening function despite medication regiment. Medications were refills because they were "medically necessary" and "to allow to remain independent in home exercise program." Medication list include Cyclobenzaprine, Lorazepam, Norco, Sertraline and Zohydro. Independent Medical Review is for Cyclobenzaprine 10mg #60 with 3 refills; Norco 10/325mg #120 with 1refill; Zohydro ER 40mg #60 with 1refill and Sertraline 50mg #60 with 3refills. Prior Utilization Review on 11/26/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg, #60 Refills: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement or any muscle spasms on exam or complaint. The number of tablets and refills is excessive, inappropriate and not consistent with short term use. Flexeril is not medically necessary.

**Norco 10/325mg #120 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The provider has completely failed to document a single required component with not a single note concerning pain scale, pain improvement or assessment for side effects or abuse. Patient has reportedly continued severe pain even with current opioid therapy. The amount opioids currently being taken also exceed the recommended maximum of 120mg Morphine Equivalent Dose. Patient takes 1 tablet every 3 hours as needed leading to a maximum intake of 8 tablets a day. This is not an appropriate frequency with any documentation as to why patient is taking a medication off label. In combination with Zohydro, patient is currently on 160mg MED which exceeds recommendation as per MTUS chronic pain guidelines. Patient has no reported improvement in activity of daily living with current medications with continued "significant pain". This prescription is also not valid. Norco is a schedule 2 drug and refills are not allowed. The poor documentation with excessive frequency does not support continued use of Norco. This prescription for Norco is not medically appropriate or necessary.

**Zohydro ER 40mg, #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76.

**Decision rationale:** Zohydro ER is extended release hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The provider has completely failed to document a single required component with not a single note concerning pain scale, pain improvement or assessment for side effects or abuse. Patient has reportedly continued severe pain even with current opioid therapy. The amount opioids currently being taken also exceed the recommended maximum of 120mg Morphine Equivalent Dose. Patient takes 80mg of Zohydro a day. In combination with Norco, patient is currently on 160mg MED which exceeds recommendation as per MTUS chronic pain guidelines. Patient has no reported improvement in activity of daily living with current medications with continued "significant pain". This prescription is also not valid. Zohydro ER is a schedule 2 drug and refills are not allowed. The poor documentation does not support continued use of Zohydro. This prescription for Zohydro is not medically appropriate or necessary.

**Sertraline 50mg, #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

**Decision rationale:** Sertraline or Zoloft is a SSRI anti-depressant medication. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. There is no documented objective improvement in pain or function although patient has been noted to be stable on current regiment. There is lack of documentation of objective improvement or decrease in the large amount of opioid pain medications the patient is currently taking despite being on this medication. It may be beneficial but the documentation fails to support use of Sertraline. Sertraline is not medically necessary.