

<b>Case Number:</b>	CM14-0216268		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/27/2002
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year-old male who reported injury on 08/27/2002. The mechanism of injury was not provided. The injured worker's medication history included opiates and muscle relaxants as of 10/2013. Surgical history included an L4-5 fusion. The injured worker was noted to be CURES appropriate and consistent with medications and was noted to have a urine toxicology screen that was appropriate and consistent with medications. The documentation of 10/17/2014 revealed the injured worker had complaints of ongoing back and leg pain. The injured worker indicated that he was utilizing MS Contin 30 mg 3 times per day, Norco 10/325 mg 5 to 6 per day and Soma 350 mg 2 per day. The injured worker indicated the medications helped with pain and allowed for an increase level of function as well as decrease the muscle spasms and helped with sleep. The injured worker was utilizing Senna on an as needed basis. The pain with medications was a 5/10 and without medications was a 7/10 to 8/10. The injured worker denied side effects. The injured worker complained of constant pain, aching down the left lower extremity to the toes. The physical examination revealed the injured worker had limited range of motion of the lumbar spine and spasms. The injured worker had diffuse tenderness to palpation of the lumbar spine with spasms associated into the right paraspinal region. The range of motion of the lumbar spine was decreased. Sensation at the left L3, L4, L5, and S1 dermatomes were decreased. The injured worker had weakness throughout the lower extremities. The diagnoses included failed low back surgery syndrome and lumbar radiculopathy. The treatment plan included a continuation of MS Contin 30 mg tablets 90 tablets 1 three times a day, and Soma as needed for muscle spasms. Additionally, the injured worker

was placed on Norco 10/325 mg up to 6 per day and a trial of Flexeril for spasms in an attempt to discontinue the Soma. There was no request for authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 7.5 mg # 30:** 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation submitted for review indicated the injured worker had utilized muscle relaxants since at least late 2013. There was a lack of documentation of objective functional improvement as it was indicated the injured worker was continuing to have muscle spasms. The request as submitted failed to indicate the frequency for the requested medication. Additionally, the requested medications, Flexeril and cyclobenzaprine are the same medications, one is brand one is generic and there was a lack of documentation indicating a necessity for both Flexeril and cyclobenzaprine 7.5 mg. Given the above, the request for cyclobenzaprine 7.5 mg #30 is not medically necessary.

**Flexeril, unknown quantity and dosage:** 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation submitted for review indicated the injured worker had utilized muscle relaxants since at least late 2013. There was a lack of documentation of objective functional improvement as it was indicated the injured worker was continuing to have muscle spasms. Additionally, the requested medications, Flexeril and cyclobenzaprine are the same medications, one is brand one is generic and there was a lack

of documentation indicating a necessity for both Flexeril and cyclobenzaprine 7.5 mg. The request as submitted failed to indicate the frequency, quantity and dosage for the requested medication. Given the above, the request for Flexeril, unknown quantity and dosage is not medically necessary.

**MS Contin 30 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation the injured worker had an objective decrease in pain and was noted to have objective functional improvement. However, the specific objective functional improvement was not provided. Additionally, if the injured worker were to use the medications as prescribed, the injured worker would exceed the guideline recommendations of less than 120 daily morphine equivalent dosing by 75 mg. The combined milligrams would be 195 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for MS Contin 30 mg #90 is not medically necessary.