

<b>Case Number:</b>	CM15-0010501		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 53 year old female, who sustained an industrial injury on November 28, 2012. The diagnoses have included status post staged anterior/posterior instrumental fusion at L4-L5 and L5-S1 and low back pain. Treatment to date has included urine drug screening, pain medication and muscle relaxants. On December 22, 2014 Utilization Review non-certified a retrospective use of Fexmid/Cyclobenzaprine 7.5mg quantity 60, prospective use of Fexmid/Cyclobenzaprine 7.5mg quantity 60, prospective use of Norco 7.5mg/325mg quantity 90, prospective use of Mobic 15mg quantity 30 and urine drug screen, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited. On December 1, 2014, the injured worker submitted an application for IMR for review of retrospective use of Fexmid/Cyclobenzaprine 7.5mg quantity 60, prospective use of Fexmid/Cyclobenzaprine 7.5mg quantity 60, prospective use of Norco 7.5mg/325mg quantity 90, prospective use of Mobic 15mg quantity 30 and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Fexmid/Cyclobenzaprine 7.5mg #60 (date of service: 12-1-14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 11/21/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

**Decision rationale:** Retrospective Fexmid/Cyclobenzaprine 7.5mg #60 (date of service: 12-1-14) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There was a prior peer reviewed dated 9/17/13 recommending discontinuation of this medication. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for retrospective Fexmid/Cyclobenzaprine 7.5mg #60 (date of service: 12-1-14) is not medically necessary.

**Fexmid/Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 11/21/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

**Decision rationale:** Fexmid/Cyclobenzaprine 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There was a prior peer reviewed dated 9/17/13 recommending discontinuation of this medication. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Fexmid/Cyclobenzaprine 7.5mg #60 is not medically necessary.

**Norco 7.5/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 7.5/325mg #90 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal evidence of significant functional improvement on opioids. The documentation does not indicate evidence of an attempt at tapering this medication as recommended by the MTUS. The request for Norco is not medically necessary.

**Mobic 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Mobic 15mg #30s not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Mobic is meloxicam which is an NSAID. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Mobic without evidence of functional improvement and with persistent pain. The request for continued Mobic is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDS and may compromise renal function. The request for Mobic is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 11/21/2014, Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain (chronic)

**Decision rationale:** Urine drug screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS states that urine drug testing on opioids is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The ODG states that the frequency of urine drug testing should be

based on documented evidence of risk stratification including use of a testing instrument. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation indicates that a urine drug screen dated 03/04/14 reveals positive result for Butalbital, Hydrocodone-dihydrocodeinone, Hydromorphone-dihydromorphinone, Acetaminophen screen, and tricyclic antidepressants screen, and negative result for evidence of illicit substances. There is no indication that the patient has aberrant behavior.