

<b>Case Number:</b>	CM15-0118938		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	09/28/1999
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 51 year old male, who sustained an industrial injury on 9/28/1999. He reported injury to the low back during repeated activity. Diagnoses include lumbar disc degeneration and radiculopathy, chronic pain, myofascial pain syndrome, neuropathic pain, and opioid dependence. He is status post lumbar fusion in 2002. Treatments to date were not documented in the medical records submitted for this review. Currently, he complained of unchanged low back pain and pain in the legs and muscle spasms. Lyrica was noted to help with radicular symptoms and Oxycodone IR 10mg, five tablets a day, is noted to decrease pain and increase functional activities of daily life. On 5/13/15, the physical examination documented decreased lumbar range of motion and a marked antalgic gait was noted. The records indicated discontinuing Norco due to his liver and initiate Methadone. The appeal request was for prescriptions of Oxycodone IR 10mg #150; and Cyclobenzaprine 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyIR 10 mg, 150 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco since 2012 and OxyIr for over a year. The Norco was discontinued due to liver function but OxyIr is metabolized similarly. The continued and chronic use of OxyIR is not medically necessary.

**Cyclobenzaprine 10 mg, thirty count:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been given a month supply of Cyclobenzaprine along with opioids. The length of use is longer than recommended above and is not medically necessary.