

<b>Case Number:</b>	CM15-0124081		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 57 year old male who sustained an industrial/work injury on 9-10-13. He reported an initial complaint of back, shoulder, and knee pain. The injured worker was diagnosed as having facet osteoarthopathy, thoracic myofascial pain, neural encroachment with radiculopathy. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of lower back pain rated 8 out of 10; left knee pain rated 5 out of 10, right knee pain rated 3 out of 10; bilateral shoulder pain rated 5 out of 10 and thoracic pain rated 5 out of 10. Per the primary physician's report (PR-2) on 5-18-15, exam noted tenderness in the lumbar spine, lumbar range of motion was restricted, and positive straight leg raise. The requested treatments include Cyclobenzaprine 10mg and Hydrocodone 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 MG #30:** Upheld

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

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

**Decision rationale:** Cyclobenzaprine 10 MG #30 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. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.

**Hydrocodone 10 MG #60:** Upheld

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

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

**Decision rationale:** Hydrocodone 10 MG #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment 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 the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for Hydrocodone is not medically necessary.