

<b>Case Number:</b>	CM15-0145906		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 40 year old female, who sustained an industrial injury on July 16, 2012. She reported pain in her back and left leg. The injured worker was currently diagnosed as having protrusion L5-S1 with left lumbar radiculopathy. Treatment to date has included diagnostic studies, exercise and medication. She was noted to have failed a trial of topical cream, antidepressant and an oral antiepileptic medication. On June 13, 2015, the injured worker complained of low back pain with left lower extremity symptoms rated as a 7 on a 1-10 pain scale. Physical examination revealed tenderness to the lumbar spine. Straight leg raise test was positive on the left at 35 degrees. The treatment plan included a weight loss program, medications and a follow-up visit. A request was made for Hydrocodone 10-325mg and Cyclobenzaprine 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Hydrocodone 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are protrusion at L5 - S1 with left lumbar radiculopathy; and obesity. Date of injury is July 16, 2012. Request for authorization is July 6, 2015. According to a progress note dated February 7, 2015, subjectively the injured worker has ongoing low back pain that radiated to the left lower extremity with a pain scale 6/10. Medications include cyclobenzaprine and tramadol. According to a March 28, 2015 progress note, current medications now include hydrocodone, cyclobenzaprine and tramadol. There is no start date or clinical rationale for the addition of hydrocodone. The most recent progress note in the medical record dated June 13, 2015 states the injured worker has ongoing low back pain 7/10. Tramadol is no longer present in the list of medications. Current medications include hydrocodone and cyclobenzaprine. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There has been no attempt at weaning in the medical record. There is no documentation demonstrating objective functional improvement. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments, no attempt at weaning hydrocodone and no clinical rationale for starting hydrocodone, hydrocodone/APAP 10/325 mg #60 is not medically necessary.

**1 prescription of Cyclobenzaprine 10mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 10 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are protrusion at L5 - S1 with left lumbar radiculopathy; and obesity. Date of injury is July 16, 2012. Request for authorization is July 6, 2015. According to a progress note dated February 7, 2015, subjectively the injured worker

has ongoing low back pain that radiated to the left lower extremity with a pain scale 6/10. Medications include cyclobenzaprine and tramadol. According to a March 28, 2015 progress note, current medications now include hydrocodone, cyclobenzaprine and tramadol. There is no start date or clinical rationale for the addition of hydrocodone. The most recent progress note in the medical record dated June 13, 2015 states the injured worker has ongoing low back pain 7/10. Tramadol is no longer present in the list of medications. Current medications include hydrocodone and cyclobenzaprine. Cyclobenzaprine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation indicates the treating provider prescribed cyclobenzaprine in excess of four months, at a minimum. The start date for cyclobenzaprine is not specified in the medical record. Additionally, there is no documentation indicating acute low back pain or an acute exacerbation of chronic low back pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, cyclobenzaprine treatment continued in excess of four months (guidelines recommend short-term (less than two weeks), and no documentation demonstrating objective functional improvement, cyclobenzaprine 10 mg #30 is not medically necessary.