

<b>Case Number:</b>	CM15-0175857		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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  
 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:

This is a 61-year-old male worker who was injured on 5-21-2013. The medical records indicated the injured worker (IW) was treated for acute cervical strain, rule out disc herniation; lumbar multilevel disc disease; rule out lower extremity radiculopathy; electrodiagnostic evidence of left active L5 radiculopathy; elevated blood pressure; depression and anxiety; and sexual dysfunction. The progress notes (7-17-15 and 8-7-15) indicated the IW had constant neck pain with radiation to the left shoulder and arm, rated 6 out of 10, with associated weakness and numbness, and constant lower back pain radiating to the left leg, rated 8 out of 10, and with associated weakness and numbness. He also reported muscle spasms. Rest and medication improved the pain; therapy, work and activity made it worse. Norco reduced his pain from 8 out of 10 down to 5 or 6 out of 10 and increased his ambulation time from 20 minutes to 40 minutes. The IW was temporarily totally disabled. Medications included Norco 10-325mg (since at least 3-3-15). He requested a muscle relaxant for spasms. The urine drug screen on 7-10-15 was negative for all drugs; he reportedly was taking Norco only as needed. The progress notes (5-8-15) indicated the IW had run out of Norco. On physical examination (7-17-15) cervical spine range of motion (ROM) was decreased, cervical compression test was positive and Spurling's was positive on the left. Strength and sensation was decreased on the left at C5 through C8. There was decreased ROM in the lumbar spine and positive Kemp's sign bilaterally. Straight leg raise was positive on the right. Strength and sensation was decreased at L4 and L5 on the left. Deep tendon reflexes were 2+ bilaterally at the patellar and Achilles tendons. ROM was also decreased in the bilateral shoulders and impingement signs were positive bilaterally. An earlier

evaluation (4-25-15) indicated the IW had physical therapy, which aggravated his back pain and a cervical epidural steroid injection, which provided 60% relief that lasted more than two months. He reported mild to moderate difficulty with dressing, bathing, toileting, brushing his teeth and cooking. There was no documentation in the submitted records of Flexeril use prior to the request. A Request for Authorization was received for Flexeril tab 10mg, #90, one every eight hours; urine toxicology screen; and Norco tab 10-325mg, #90, one every eight hours as needed. The Utilization Review on 8-26-15 non-certified the request for Flexeril tab 10mg, #90, one every eight hours and recommended weaning; urine toxicology screen was non-certified due to weaning of and discontinuation of opioids; and Norco tab 10-325mg, #90, one every eight hours as needed was non-certified due to previous allowances for weaning and discontinuation.

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

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

**Flexeril Tab 10 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Based on the 8/14/15 progress report provided by the treating physician, this patient presents with persistent cervical spine pain rated 6/10, radiating up left arm with weakness/numbness, constant lumbar spine pain rated 8/10, radiating down the left leg with weakness/numbness and spasms. The treater has asked for Flexeril Tab 10 MG #90 on 8/14/15. The patient's diagnoses per request for authorization dated 8/20/15 are lumbar multilevel disc disease with 3-4mm broad-based disc at L3-4, L4-5, and L5-S1 with mild to moderate bilateral lateral recess on neuroforaminal narrowing per MRI dated 7/3/13; rule out lower extremity radiculopathy, and electrodiagnostic evidence of left active L5 radiculopathy. The patient's pain is worsened by activity and made better with rest per 7/17/15 report. The patient is currently taking Norco which helps his pain per 8/14/15 report. The patient's work status is currently not working per 8/14/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009 pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, the patient does not have prior use of Flexeril per review of reports dated 2/23/15 to 8/14/15. The patient has a new complaint of muscle spasms per requesting 8/14/15 report. While Cyclobenzaprine may benefit the patient, MTUS does not support long-term use of this medication beyond a 2 to 3 week period. The treater does not specify the

prescription as short-term use, and neither does the current request for 90 tabs indicate short-term use. Hence, the request is not medically necessary.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** Based on the 8/14/15 progress report provided by the treating physician, this patient presents with persistent cervical spine pain rated 6/10, radiating up left arm with weakness/numbness, constant lumbar spine pain rated 8/10, radiating down the left leg with weakness/numbness and spasms. The treater has asked for Urine Toxicology Screen on 8/14/15. The patient's diagnoses per request for authorization dated 8/20/15 are lumbar multilevel disc disease with 3-4mm broad-based disc at L3-4, L4-5, and L5-S1 with mild to moderate bilateral lateral recess on neuroforaminal narrowing per MRI dated 7/3/13; rule out lower extremity radiculopathy, and electrodiagnostic evidence of left active L5 radiculopathy. The patient's pain is worsened by activity and made better with rest per 7/17/15 report. The patient is currently taking Norco which helps his pain per 8/14/15 report. The 7/17/15 report states the patient had not been taking Norco for the past month or two as it was not being covered and he could not afford it. The patient's work status is currently not working per 8/14/15 report. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "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." In this case, a prior urine drug screen on 7/10/15 was inconsistent, as patient as taking Norco PRN. The treater is requesting an addition urine drug screen on 8/14/15 as his pain is slightly worsening. He is taking it more frequently now. Therefore, I would like to request an additional urine toxicology screen to check for compliance. However, records indicate the patient has had 4 urine drug screens in the previous 5 months: 7/10/15, 5/27/15, 4/7/15, and 2/23/15. ODG recommends urine drug screens on a yearly basis if the patient is at low risk. In this case, the patient is not at risk for abuse, or illicit drug use. The previous urine drug screen was inconsistent as the patient had not been able to afford to pay for Norco out of pocket. The request is not medically necessary.

**Norco Tab 10-325 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 8/14/15 progress report provided by the treating physician, this patient presents with persistent cervical spine pain rated 6/10, radiating up left arm with weakness/numbness, constant lumbar spine pain rated 8/10, radiating down the left leg with weakness/numbness and spasms. The treater has asked for Norco Tab 10-325 MG #90 on 8/14/15. The patient's diagnoses per request for authorization dated 8/20/15 are lumbar multilevel disc disease with 3-4mm broad-based disc at L3-4, L4-5, and L5-S1 with mild to moderate bilateral lateral recess on neuroforaminal narrowing per MRI dated 7/3/13; rule out lower extremity radiculopathy, and electrodiagnostic evidence of left active L5 radiculopathy. The patient's pain is worsened by activity and made better with rest per 7/17/15 report. The patient is currently taking Norco which helps his pain per 8/14/15 report. The patient's work status is currently not working per 8/14/15 report. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, opioids for chronic pain section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater states that the patient has been taking Norco PRN, but as pain has worsened, the treater is increasing prescription per 8/14/15 report. Patient has been taking Norco since 3/8/15 and in reports dated 6/5/15 and 7/17/15. MTUS requires appropriate discussion of all the 4A's. On 8/14/15 report, the treater states that Norco helps patient decrease pain from 8/10 to 5- 6/10 and allows him to ambulate for 40 minutes as opposed to 20 minutes. A urine drug screen given on 5/27/15 was consistent, and the treater notes no side effects or signs of abuse. However, MTUS pg. 80 and 81 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.