

<b>Case Number:</b>	CM15-0177036		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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:

The injured worker (IW) is a 58 year old male who sustained an industrial injury on 08-31-2011. Medical records indicate the worker is being treated for low back pain. The injured worker was diagnosed as having Coccygodynia-Lumbar Facet Arthropathy, Lumbosacral Spondylosis, Pain in the Joint Lower Leg, and Opioid Type Dependence Continuous. Treatment to date has included a radiofrequency lesioning of Left L4 and Left L5 dorsal ramus (04-27-2015), acupuncture and physical therapy. Medications (07-21-2015) include Norco, Ibuprofen, and Flexeril. In the provider notes of 06-11-2015 injured worker complains of low back pain that he rates as a 2 on a scale of 0-10 at its best and a 6 on a scale of 0-10 at the worst. In the provider notes of 07-22-2015 the worker continues to complain of back pain. On examination, there was tenderness; guarding and spasm noted in the paravertebral regions bilaterally. Trigger points were noticeable in the paraspinal muscles bilaterally. Range of motion was restricted due to pain and spasm. The IW is currently not working. A request for authorization was submitted for Norco 5/325mg #60, Ibuprofen 800mg #90, and Flexeril 10mg #30 Rx 07-22-2015. A utilization review decision on 08-14-2015 non-certified the requests for Norco, Ibuprofen, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** 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:** The patient presents with low back pain. The request is for Norco 5/325MG #60. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness, guarding, and spasm noted in the paravertebral regions bilaterally. There were trigger points noticeable in the paraspinal muscles bilaterally. Range of motion was restricted due to pain and spasm. Sensory examination revealed decreased sensation in S1 dermatome bilaterally. Per progress report dated 07/22/15, the patient is partially disabled with work restrictions. 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, p77, 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, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, Opioids for chronic pain Section, pages 80 and 81 states "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." Per progress report dated 07/22/15, treater's reason for the request is "for pain." Patient has been prescribed Norco since at least 10/31/14. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 01/08/15, but no CURES or opioid contract. Furthermore, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)". However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request is not medically necessary.

**Ibuprofen 800mg #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): Anti-inflammatory medications.

**Decision rationale:** The patient presents with low back pain. The request is for Ibuprofen 800mg #90. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness, guarding, and spasm noted in the paravertebral regions bilaterally. There were trigger points noticeable in the paraspinal muscles bilaterally. Range of motion was restricted due to pain and spasm. Sensory examination revealed decreased sensation in S1 dermatome bilaterally. Per progress report dated 07/22/15, the patient is partially disabled with work restrictions. MTUS, Anti-inflammatory medications Section, pg 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS, Medications for chronic pain Section, pg 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 07/22/15, treater's reason for the request is "for inflammation." The patient has been prescribed Ibuprofen since at least 10/31/14. In this case, the treater does not discuss or document how Ibuprofen has been effective in management of pain reduction and functional improvement for the patient. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Therefore, given the lack of documentation, the request is not medically necessary.

**Flexeril 10mg #30 Rx 07/22/2015:** 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** The patient presents with low back pain. The request is for Flexeril 10mg #30 Rx 07/22/2015. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness, guarding, and spasm noted in the paravertebral regions bilaterally. There were trigger points noticeable in the paraspinal muscles bilaterally. Range of motion was restricted due to pain and spasm. Sensory examination revealed decreased sensation in S1 dermatome bilaterally. Per progress report dated 07/22/15, the patient is partially disabled with work restrictions. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)". This medication is not

recommended to be used for longer than 2-3 weeks. Per progress report dated 07/22/15, treater's reason for the request is "for spasms." Patient has been prescribed Flexeril since at least 10/31/14. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Flexeril #30 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.