

<b>Case Number:</b>	CM15-0020327		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/25/2000
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old male, who sustained an industrial injury on 05/25/2000. The mechanism of injury was not specifically stated. The current diagnoses include chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, dysesthesia, myalgia/myositis, muscle spasm, and anxiety. The injured worker presented on 02/03/2015 for a follow-up evaluation with complaints of persistent low back pain with radiating symptoms into the left lower extremity. The injured worker was status post trigger point injections at the previous office visit with 100% relief of right sided lower back pain. The current medication regimen includes Norco 10/325 mg, lorazepam 1 mg, Lyrica 75 mg and cyclobenzaprine 10 mg. Upon examination of the lumbar spine, there was decreased flexion by 50%, limited extension to 70%, lateral bending to 30%, positive straight leg raise on the left, positive Patrick's test, severe lumbosacral spasm and tenderness with palpation in the L3-5 levels on the left, and a twitch response with referred pain radiating to the thorax. Right shoulder range of motion was also decreased by 80% with significant crepitus. The injured worker had hypoesthesia along the L4-5 dermatome bilaterally. Treatment recommendation at that time included continuation of the current medication regimen. A Request For Authorization form was then submitted on 02/03/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of Opioid use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has utilized the above medication since at least 10/2014. There is no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of injured worker's compliance and non-aberrant behavior were not provided. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Cyclobenzaprine 10mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, the injured worker has utilized the above medication since at least 10/2014. Despite the ongoing use of this medication, the injured worker continues to demonstrate severe palpable muscle spasm. In addition, the California MTUS Guidelines do not support long-term use of this medication. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**Lorazepam 1mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Guidelines do not recommended long-term use of benzodiazepines, because long-term efficacy is unproven and there is a risk of dependence. In this case, the injured worker has continuously utilized the above medication since at least

10/2014. The injured worker does maintain a diagnosis of anxiety disorder. However, there is no documentation of a recent psychological examination. There is no mention of functional improvement with the ongoing use of this medication. In addition, guidelines do not support long-term use of benzodiazepines. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Oxycodone 200mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker was issued a prescription for a trial of oxycodone in 11/2014. There was no documentation of objective functional improvement despite the ongoing use of this medication. Recent urine toxicology reports documenting injured worker's compliance and non-aberrant behavior were not provided. In addition, the request for oxycodone 200 mg cannot be determined as medically appropriate. There is also no frequency listed in the request. Given the above, the request is not medically necessary.