

Case Number:	CM15-0062839		
Date Assigned:	04/08/2015	Date of Injury:	01/16/2010
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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 47 year old male, who sustained an industrial injury on 01/16/2010. He has reported subsequent neck, back and hip pain and was diagnosed with cervical and lumbar radiculopathy, right hip osteoarthritis and right hip abductor tendinopathy. Treatment to date has included oral pain medication, cortisone injections, application of ice, TENS unit, massage therapy and surgery. In a progress note dated 03/10/2015, the injured worker complained of continued right hip pain. Objective findings were notable for tenderness to palpation of the right greater trochanter and restricted range of motion of the right hip. A request for authorization of Cyclobenzaprine and Hydrocodone was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Muscle relaxants Pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. Medical records document the long-term use of the muscle relaxant Cyclobenzaprine (Flexeril). MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of muscle relaxant, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Cyclobenzaprine (Flexeril) is not supported by MTUS or ACOEM guidelines. Therefore, the request for Cyclobenzaprine (Flexeril) is not medically necessary.

Hydrocodone/APAP (Norco) 10/325 mg, ninety count with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page 74-96. Acetaminophen (APAP) Page 11-12.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. For higher doses of Hydrocodone (>5mg/tab) and Acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The dose is limited by the dosage of Acetaminophen. Acetaminophen overdose is a well-known cause of acute liver failure. Acetaminophen, when used at recommended maximum doses, may induce ALT elevations >3 ULN in up to nearly 40% of subjects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. The primary treating physician's progress report dated 3/10/15 documented the diagnosis of hip enthesopathy. The patient reported no significant improvement since the last exam. The patient continues to have right hip pain. The patient takes Norco 10

two tablets three times a day. "The APAP is too much." Norco 10/325 mg (Hydrocodone / APAP) 2 tablets three times a day #90 was requested. In addition, Hysingla ER (Hydrocodone) 60 mg daily was prescribed. In the 3/10/15, the treating physician expressed concern about the patient's Norco usage, "The APAP is too much." But then Norco was requested at the same dose. In addition, Hysingla ER was prescribed, which also contains Hydrocodone. Analgesia, activities of daily living, adverse side effects were not addressed in the 3/10/15 progress report. No urine drug screen results were documented in the 3/10/15 progress report. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended. Per MTUS, the lowest possible dose of opioid should be prescribed. The request for Norco is not supported by MTUS & ACOEM guidelines. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.