

<b>Case Number:</b>	CM15-0065051		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 62 year old male, who sustained an industrial injury on 10/17/2003. The details of the initial injury were not submitted for this review. Diagnoses include thoracic sprain/strain, cervical sprain/strain, and contusion of face, scalp, and neck, and included cervical stenosis and radiculopathy, spondylosis. Treatments to date include medication therapy, chiropractic therapy, therapeutic injections, and epidural injections. Currently, he complained of increased upper back and neck pain and new onset of balance issues. On 3/2/15, the physical examination documented decreased range of motion and muscle spasms. The patient has had antalgic gait, decreased reflexes. The plan of care included continuation of medication therapy and an MRI of the cervical spine. The medication list include Norco, ultram, Neurontin, Vicodin and Cyclobenzaprine. The patient has had EMG study on 7/8/14 that revealed bilateral CTS and no cervical radiculopathy. The patient has had MRI of the cervical spine on 9/12/2012 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy and X-ray revealed degenerative changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, On-Going Management, When to Discontinue Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Hydrocodone-Acetaminophen 10/325mg #120. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone-Acetaminophen 10/325mg #120 is not established for this patient.

**Cyclobenzaprine HCL 10mg #56:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Request: Cyclobenzaprine HCL 10mg #56. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." Diagnoses include thoracic sprain/strain, cervical sprain/strain, and contusion of face, scalp, and neck, and included cervical stenosis and radiculopathy,

spondylosis. Currently, he complained of increased upper back and neck pain and new onset of balance issues. On 3/2/15, the physical examination documented decreased range of motion and muscle spasms. The patient has had antalgic gait, decreased reflexes. The plan of care included continuation of medication therapy and an MRI of the cervical spine. The patient has had EMG study on 7/8/14 that revealed bilateral CTS and no cervical radiculopathy. The patient has had MRI of the cervical spine on 9/12/2012 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy and X-ray revealed degenerative changes. The patient has evidence of muscle spasms on objective examination. The pt also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore the request for Cyclobenzaprine HCL 10mg #56 is medically necessary and appropriate for prn use during exacerbations.