

<b>Case Number:</b>	CM15-0071078		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 is a 46 year old male, who sustained an industrial injury on October 18, 2011. The injured worker has been treated for contusions and back complaints. The diagnoses have included chronic pain syndrome, low back pain, lumbar disc pain, lumbar degenerative disc disease, lumbar radicular pain, myalgia and numbness. Treatment to date has included medications, physical therapy, facet injections and a home exercise program. Most current documentation dated July 28, 2014 notes that the injured worker reported low back pain on the right with constant aching and numbness down the right leg. The pain was rated a six out of ten on the visual analogue scale with medication. Examination of the lumbar spine revealed an anterior pelvic tilt, tenderness to palpation more on the right and a decreased and painful range of motion. A straight leg raise test was positive bilaterally. The treating physician's plan of care included a request for the medications Flexeril, Norco and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Flexeril 7.5mg: Upheld**

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

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

**Decision rationale:** Per the 07/28/14 report the patient presents with low back pain on the right with constant aching and numbness down the right leg. The pain was rated a six out of ten on the visual analogue scale with medication. The current request is for 30 TABLETS OF FLEXERIL 7.5 mg-Cyclobenzaprine. The RFA is not included. The 04/03/15 utilization review states the RFA was received 03/26/15. The patient is temporarily totally disabled. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The patient's treatment history is limited as on only one medical treatment report dated 07/28/14 is provided for review. It is not clear from the reports provided if this request is for the 07/28/14 prescription. The utilization review states the request is for the period 01/28/14 to 03/14/14. Flexeril is indicated as a second line treatment for acute exacerbations for no more than 2-3 weeks. The treating physician does not discuss the intended use of this medication, does not state the medication is being prescribed for a short course of treatment, it appears the patient has been prescribed the medication on a long-term basis since 07/28/14, and the requested #30 indicates use longer than the 2-3 weeks recommended by the MTUS guidelines. The request IS NOT medically necessary.

**60 Tablets of Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 07/28/14 report the patient presents with low back pain on the right with constant aching and numbness down the right leg. The pain was rated a six out of ten on the visual analogue scale with medication. The current request is for 60 TABLETS OF NORCO 10/325mg (Hydrocodone) an opioid. The RFA is not included. The 04/03/15 utilization review states the RFA was received 03/26/15. The patient is temporarily totally disabled. MTUS Guidelines 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 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. The patient's treatment history is limited as only one medical treatment report dated 07/28/14 is provided. It appears that the patient was initially prescribed Norco at that time and was not currently using opioids. It is not clear from the reports provided if this request is for the 07/28/14 prescription; however, the

utilization review states the request is for the period 01/28/14 to 03/14/14. In this case, it appears the patient has been prescribed this medication since 07/28/14, and there is no evidence of analgesia through the use of Norco. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADLs are mentioned to show a significant change with use of this medication. Side effects are not discussed. While the treating physician notes that CURES was appropriate on 07/28/14 and a UDS was run at that time, documentation of opiate management since the prescription of Norco is not provided. The 4A's have not been documented as required by the MTUS guidelines. Therefore, the request IS NOT medically necessary.

**100 Tablets of Ultram 50mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 07/28/14 report the patient presents with low back pain on the right with constant aching and numbness down the right leg. The pain was rated a six out of ten on the visual analogue scale with medication. The current request is for 100 TABLETS OF ULTRAM 50 mg (Tramadol) an opioid analgesic. The RFA is not included. The 04/03/15 utilization review states the RFA was received 03/26/15. The patient is temporarily totally disabled. MTUS Guidelines 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 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. The patient's treatment history is limited as only one medical treatment report is provided. This report does not discuss this medication. It is unknown how long the patient has been prescribed Tramadol. The utilization review states the request is for the period 01/28/14 to 03/14/14. In this case, the patient has been prescribed opioids/Norco since 07/28/14. There is no evidence provided of analgesia through the use of opioids. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a significant change with use of this medication. Side effects are not discussed. While the treating physician notes that CURES was appropriate on 07/28/14 and a UDS was run at that time, documentation of opiate management since the prescription of opioids is not provided. The 4A's have not been documented as required by the MTUS guidelines. Therefore, the request IS NOT medically necessary.