

<b>Case Number:</b>	CM15-0072291		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 54 year old female who sustained an industrial injury on November 1, 2012. She has reported lower back pain and has been diagnosed with chronic back pain and degenerative disc disease. Treatment has included physical therapy, acupuncture, chiropractic care, and medications. Currently the injured worker complains of lumbosacral pain 8/10. The treatment request included Norco, motrin, and flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg 1 table by mouth twice a day #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** This patient presents with complaints of constant low back pain. The Request for Authorization is dated 03/18/15. The current request is for Motrin 800mg 1

tablet by mouth twice a day #60. Treatment has included physical therapy, acupuncture, chiropractic care, and medications. The patient is TTD and currently not working. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications 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 non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The patient has been utilizing Motrin since 01/30/15. The treating physician has documented that current medications provide pain relief. Given the patient's chronic condition and the treating physician's documentation of medication efficacy, the requested Motrin IS medically necessary.

**Flexeril 10mg 1 tablet by mouth once a day #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain).

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

**Decision rationale:** This patient presents with complaints of constant low back pain. The Request for Authorization is dated 03/18/15. The current request is for Flexeril 10mg # 1 tablet by mouth once a day #30. Treatment has included physical therapy, acupuncture, chiropractic care, and medications. The patient is TTD and currently not working. The MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents arecarisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Flexeril has been prescribed at since at least 01/30/15 and MTUS only recommends short-term use of this medication. Given that this medication has been prescribed for long term use, recommendation for further use cannot be made. The current request IS NOT medically necessary.

**Norco 10/325mg 1 tablet by mouth twice a day #60 with 1 refill:** Upheld

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

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

**Decision rationale:** This patient presents with complaints of constant low back pain. The Request for Authorization is dated 03/18/15. The current request is for Norco 10/325mg 1

tablet by mouth twice a day #60 with 1 refill. Treatment has included physical therapy, acupuncture, chiropractic care, and medications. The patient is TTD and currently not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, there are no discussions regarding aberrant behaviors, urine drug screen results or CURES reports as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary.