

<b>Case Number:</b>	CM15-0072705		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/20/2015
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on January 20, 2015. She reported reaching up while cleaning a shower, turning her head at an angle, hearing a loud pop in her neck with severe pain. The injured worker was diagnosed as having osteophyte of vertebrae, severe cervical degenerative disc disease C6-C7 with disc space narrowing, muscle spasms of head or neck, trapezius muscle spasm, and neck and shoulder pain. Treatment to date has included cervical CT, physical therapy, and medications. Currently, the injured worker complains of neck pain, stiffness, tenderness, and impaired range of motion (ROM) that radiates to the left and right shoulders and that goes down the back, and shoulder pain, with headaches and ringing in the ears. The Treating Physician's report dated March 26, 2015, noted the injured worker reported that physical therapy had not helped increase her function or decrease her pain. The injured worker's medications were listed as Hydrocodone-Acetaminophen, Ibuprofen, Carisoprodol, Cyclobenzaprine HCL, Lorazepam, Abilify, Norco, Cymbalta, and Trazadone HCL. Physical examination was noted to show paraspinal muscle tenderness with palpable spasm or induration demonstrated, and cervical spine range of motion (ROM) reduced or painful. A CT was noted to show severe degenerative disc disease at C6-C7 with narrowing and osteophytes. The treatment plan was noted to include continued medications including Ibuprofen, Cyclobenzaprine, and Hydrocodone-Acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine Page(s): 41-2, 63-66.

**Decision rationale:** Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 3 months. There has been no documentation that these medications have improved patient's mobility, decreased her muscle spasms or allowed her to return to work. Medical necessity for continued use of muscle relaxants (as a class) or Flexeril (specifically) has not been established.

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

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. The patient is taking first-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, but continues to have pain; therefore, use of opioids is a viable treatment option. However, the MTUS requires the provider to document beneficial effects of decreased pain or increased function from use of opioid medication and this has not been done. Additionally, the risk with chronic opioid therapy is the development of addiction,

overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow safe use of opioid medications. The provider has not followed these guidelines in that there is no documentation of a contract with the patient regarding opioid use nor has there been any urine drug screening to evaluate for misuse of medications. Considering all the above, medical necessity for continued use of Hydrocodone-acetaminophen has not been established.