

<b>Case Number:</b>	CM15-0073354		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Iowa

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 61 year old male, who sustained an industrial injury on 01/23/2013. On provider visit dated 02/20/2014 the injured worker has reported right knee pain. On examination of the right knee was noted to have tenderness and no signs of infection, and a decreased range of motion with pain was noted and spasm of the calf musculature was decreased. The diagnoses have included status post right knee arthroscopy 01/20/2014. Treatment to date has included physical therapy, laboratory studies and medication. The provider requested Hydrocodone 10mg #60 and Cyclobenzaprine 7.5mg #60. Although the UR indicates records from March 2015, the most recent documentation available for review for this determination was in February 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74-96, 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

**Decision rationale:** Hydrocodone is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation for this case suggests the patient has been on opioid therapy for an extended period of time, exceeding the two-week recommendation for treatment length. There is no evidence of failure of first-line therapy or an indicated diagnosis. The treating physician states that the patient does receive objective decrease in pain (2-3 points) and increase in functional status (activity level and ADLs) while on a previous opioid. However, the most recent documentation is over a year old (2/2014) and was immediately following meniscal surgery. Without more recent documentation showing the patient's current state, medical necessity cannot be established. Therefore, the request for Hydrocodone 10 mg #60, is not medically necessary at this time.

**Cyclobenzaprine 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Muscle relaxants Page(s): 60-61, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. The medical documentation suggests the patient has been on this medication for an extended period of time, exceeding the short-term recommendation for treatment length. The treating physician states that the patient does receive objective decrease in pain (2-3 points) and increase in functional status (greater ROM and activity level tolerated) while on a previous muscle relaxant. The patient is also on other chronic pain medication, which is not recommended. However, the most recent documentation is over a year old (2/2014) and was immediately following meniscal surgery. Without more recent documentation showing the patient's current state, medical necessity cannot be established. Therefore, the request for Cyclobenzaprine 7.5mg #60, is not medically necessary at this time.