

<b>Case Number:</b>	CM15-0093418		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male who sustained an industrial injury on 8/18/06. The mechanism of injury is unclear. He currently continues to complain of back and leg pain. He also has headaches and takes Norco for these. He has difficulty performing activities of daily living and needs assistance with household chores, cooking, shopping, grooming. His physical exam reveals decreased range of motion of the lumbar spine, spasms and tenderness of the lumbar parasinal muscles, hypoesthesia bilaterally. Medications are Norco, gabapentin, Dilaudid. Diagnoses include status post hardware removal of lumbar spine (8/1/09); status post lumbar spine arthrodesis 360; dorsal column implant placement (8/22/10); anxiety/ depression; insomnia. Diagnostics include computed tomography of the lumbar spine (1/28/10) showing hardware placement; laminectomy at L3-4 level. In the progress note dated 3/17/15 the treating provider's plan of care includes requests for Flexeril 10 mg #90 for inflammation; Norco 10/325 mg #12 for moderate to severe pain; Oxycontin 40 mg #60 for severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, 1 tab three times a day, #90, prescribed 03/17/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p 41 (2) Muscle relaxants, p 63.

**Decision rationale:** The claimant sustained a work injury in August 2006 and continues to be treated for low back and leg pain. He had a diagnosis of failed back surgery syndrome and has undergone implantation of a spinal cord stimulator. When seen, he had not taken medications work four days after a previous medication adjustment. Physical examination findings included decreased lumbar spine range of motion with positive straight leg raising. There was paraspinal muscle tenderness and spasms. He had decreased lower extremity strength and sensation and was noted to ambulate with a cane. Medications included OxyContin, Norco, and tramadol being prescribed at a total MED (morphine equivalent dose) of 160 mg per day. Flexeril was being prescribed on a long-term basis. Urine drug testing has been negative for oxycodone and hydrocodone. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.

**Norco 10/325mg, 1 tab every 12 hours, #60, prescribed 03/17/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

**Decision rationale:** The claimant sustained a work injury in August 2006 and continues to be treated for low back and leg pain. He had a diagnosis of failed back surgery syndrome and has undergone implantation of a spinal cord stimulator. When seen, he had not taken medications work four days after a previous medication adjustment. Physical examination findings included decreased lumbar spine range of motion with positive straight leg raising. There was paraspinal muscle tenderness and spasms. He had decreased lower extremity strength and sensation and was noted to ambulate with a cane. Medications included OxyContin, Norco, and tramadol being prescribed at a total MED (morphine equivalent dose) of 160 mg per day. Flexeril was being prescribed on a long-term basis. Urine drug testing has been negative for oxycodone and hydrocodone. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended and urine drug test results appear inconsistent with the medications being prescribed. Therefore, ongoing prescribing of Norco at this dose was not medically necessary.

**Ultram 50mg, 1 tab every 12 hours, #60, prescribed 03/17/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing, When to continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

**Decision rationale:** The claimant sustained a work injury in August 2006 and continues to be treated for low back and leg pain. He had a diagnosis of failed back surgery syndrome and has undergone implantation of a spinal cord stimulator. When seen, he had not taken medications work four days after a previous medication adjustment. Physical examination findings included decreased lumbar spine range of motion with positive straight leg raising. There was paraspinal muscle tenderness and spasms. He had decreased lower extremity strength and sensation and was noted to ambulate with a cane. Medications included OxyContin, Norco, and tramadol being prescribed at a total MED (morphine equivalent dose) of 160 mg per day. Flexeril was being prescribed on a long-term basis. Urine drug testing has been negative for oxycodone and hydrocodone. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing of Ultram at this dose was not medically necessary.