

<b>Case Number:</b>	CM15-0097079		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 70-year-old male, who sustained an industrial injury on February 6, 2003 while working as a truck driver. The mechanism of injury was a fall. The injured worker has been treated for neck, left leg and low back complaints. The diagnoses have included lumbar disc disorder, lumbar facet arthropathy, lumbar radiculopathy, lumbar annular tear, chronic pain, left knee internal derangement with patellofemoral arthrosis, left knee medial meniscus tear, coccygodynia, right hand tendinopathy/compensatory, left hip pain, gastroesophageal reflux disease and constipation. Treatment to date has included medications, radiological studies, electrodiagnostic studies and physical therapy. Current documentation dated April 13, 2015 notes that the injured worker reported neck pain, which radiated down the left upper extremity and low back pain, which radiated down the bilateral lower extremities to the feet. The injured worker also noted frequent muscle spasms of the low back bilaterally, gastroesophageal reflux disease and constipation. Examination of the lumbar spine revealed tenderness to palpation, spasms of the bilateral paraspinal musculature and a limited range of motion due to pain. Motor examination revealed decreased strength in the lower extremities. The pain was rated a five out of ten on the visual analogue scale with medications. The injured workers current medication regime was noted to provide eighty percent improvement in pain and activities of daily living. The treating physician's plan of care included a request for the medications Hydrocodone 10/325 mg # 90 with one refill, Flexeril 10 mg # 60 with one refill and Desyrel 50 mg # 60 with one refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Hydrocodone 10/325mg #90 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco (Hydrocodone) for over a year. Prior urine drug screening showed inconsistencies in use (8/4/14). Future response to pain cannot be determined and the Norco with one additional refill is not medically necessary.

**One prescription of Flexeril 10mg #60 with one refill:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with Norco for over a year with prior inconsistent results in August 2014 urine screening. Continued and chronic use of Flexeril is not medically necessary.

**One prescription of Desyrel 50mg with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 14-18.

**Decision rationale:** Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia.

Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. It has not been proven beneficial for lumbar root pain and there were prior inconsistencies in its use in August 2014. Although the claimant did receive benefit from prior use of Trazadone in combination with Norco and Flexeril, future benefit cannot be determined with one additional refill and is not medically necessary.