

<b>Case Number:</b>	CM14-0155215		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53-year-old female who reported an injury on 04/01/2004. The mechanism of injury was not provided. Her diagnoses included failed back syndrome, migraine, lumbar spine radiculopathy, and fibromyalgia/myositis. The injured worker's past treatments included an epidural steroid injection, medications, and exercise. On 08/05/2014, the injured worker complained of low back pain that she rated a 5/10. Upon physical examination, the injured worker was noted to have a positive straight leg raise on the left and the right. Palpation of the lumbar facet reveals pain on both sides with the L3-S1 region. There was pain noted over the lumbar intervertebral spaces on palpation. The anterior flexion of the lumbar spine was noted to be 30 degrees, and the extension of the lumbar spine was noted to be 10 degrees. There was pain noted with lumbar flexion and extension. The injured worker's current medications included levothyroxine, Klonopin 1 mg, Restoril 30 mg, ibuprofen 600 mg, Zofran 4 mg, Dilaudid 2 mg, and Neurontin 300 mg. The request was for Dilaudid 2 mg #90 with 3 refills and for Flexeril 10 mg #90 with 3 refills. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The request for Dilaudid 2 mg #90 with 3 refills is not medically necessary. The California MTUS Guidelines may recommend ongoing opioid therapy for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include a quantified current pain; the least reported pain over the period since last assessment; intensity of pain after taking the opioid; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The guidelines state to continue opioids if the patient has return to work and if the patient has improved functioning and pain. The injured worker rated her back pain a 5/10; however, the documentation did not provide evidence of the efficacy of the medication. The documentation did not have evidence of significant objective functional improvements with the medication. The documentation indicated that the patient is not working, and there was no indication that the patient planned to return to work. In the absence of documented evidence of improved objective function and pain, improved quality of life, and an indication that the patient will be returning back to work, the request is not supported. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.

**Flexeril 10 mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** The request for Flexeril 10 mg #90 with 3 refills is not medically necessary. The California MTUS Guidelines state that cyclobenzaprine may be recommended as an option, using a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxants and a central nervous system depressant, with similar effects to tricyclic antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. The guidelines note the side effects include anticholinergic effects such as drowsiness, urinary retention, and dry mouth. The side effects limit use in the elderly. The injured worker was noted to complain of ongoing muscle spasms, however, upon physical examination, spasm was not documented to supportive the subjective complaint. In the absence of documentation with evidence of a clear rationale for the use of Cyclobenzaprine, no muscle spasm documented upon evaluation, and no significant objective functional deficits the request is not supported. Additionally, as the request was written, the frequency was not provided. Therefore, the request is not medically necessary.

