

<b>Case Number:</b>	CM13-0020281		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/26/2008
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old patient who reported a work-related injury on 02/26/2008, sustaining a low back injury due to lifting a 250 pound truss. The current diagnoses are lumbar disc disorder, low back pain, sacroiliac pain and lumbar facet syndrome. The patient has received several procedures and diagnostic studies over the years, to include lumbar MRI(s), EMG, lumbar medial branch block, neurotomy and epidural steroid injections. The patient was seen on 08/09/2013 by Dr. [REDACTED] with complaints of increased right-sided back pain that radiates down both legs. The patient reported that quality of life remained the same, activity level remained the same, and he denied any new injuries since the last office visit. The patient's medications were Prilosec, Norco, Flexeril, Zipsor, Oxaprozin, Allopurinol, Colchicine, Ibuprofen, Indomethacin and Prednisone. The patient reported that the medications were working well with no side effects. The physical examination showed decreased light touch sensation over the posterior and lateral thigh on the right, restricted lumbar range of motion due to pain, tenderness noted to both sides of the paravertebral muscles on palpation, negative lumbar facet loading, positive SLR on the right side in sitting, tenderness over the sacroiliac spine and trigger points with radiating pain and twitch response on palpation at the lumbar paraspinal muscles on the right and left. The plan was to refill medications and a request for transforaminal epidural steroid injection was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The California MTUS Medical Guidelines recommend Flexeril as an option in a short course of therapy. The medication is a skeletal muscle relaxant and a central nervous system depressant with associated side effects such as drowsiness and dizziness. The medication is recommended for a short duration period of 2 to 3 weeks for symptom improvement in low back pain. The employee is noted to have been on the medication since 2012. The documentation did not indicate the employee experienced improvement as a result of the requested medication as it was noted the employee's quality of life and activity level remained the same. The request for Flexeril 5 mg #60 is not medically necessary and appropriate.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID Page(s): 74-80.

**Decision rationale:** The California MTUS Guidelines for Norco, which is a short-acting opioid for ongoing management, recommend the lowest possible dose to be prescribed to improve pain and function along with continuing review of the overall situation with regards to nonopioid means of pain control and consideration of a psych consult if there is evidence of depression, anxiety or irritability if doses of opiates are required beyond what is usually required for the condition of pain if it does not improve in 3 months. The guidelines also recommend to continue opiates if the patient has returned to work or if the patient has improved functioning and pain. A random urine drug screen is suggested while the patient is on opiates for compliance, and the documentation indicated that the last urine toxicology was in 11/2011. The California MTUS Guidelines also indicate there should be ongoing review and documentation of the "4 A's" to include analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors. The documentation submitted for review indicates that the employee was being increased from 1 tablet 2 times a day to 1 tablet 3 times a day. The documentation indicates also that the employee has not worked in the last 5 years. The documentation fails to show evidence of the employee being able to return to work or improvement with the use of this medication to support continuation of this medication. The request for Norco 10-325 mg #90 is not medically necessary and appropriate.

**Zipsor 25mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs as an option for short-term symptomatic relief and for low back pain and that they are no more effective than other drugs, such as acetaminophen, narcotic analgesics and muscle relaxants. Zipsor is an NSAID class medication and with all NSAID medications, it is suggested to assess the patient's liver function tests, renal function, CBC and coagulation profile. The employee is already taking 2 other nonsteroidal anti-inflammatory drugs, and there was no documentation of periodic monitoring of lab values as recommended by the guidelines. Also, the documentation submitted does not indicate the employee is experiencing benefit from this medication to support continuation. The request for Zipsor 25 mg #120 is not medically necessary and appropriate.