

<b>Case Number:</b>	CM13-0048465		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/15/1996
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Oklahoma and Texas. 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. 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 patient is a 65-year-old male who reported an injury on March 15, 1996. The patient reportedly sustained injury to the right shoulder and right knee that ultimately required surgical intervention followed by postoperative physical therapy. The patient developed chronic pain that was managed by medications, orthotics, and physical therapy. The patient was monitored for aberrant behavior with urine drug screens. The patient's medication schedule included Norco 10/325mg, Anaprox 550mg, Fexmid 7.5mg, and Prilosec 20mg. Documentation also indicates that the patient was previously prescribed Soma, but was requesting a different muscle relaxer due to unmanageable side effects. Physical findings included numerous trigger points in the lumbar musculature and restricted range of motion secondary to pain with decreased sensation in the L5 distribution. The patient's diagnoses included lumbar myoligamentous injury with bilateral lower extremities radicular symptoms, right knee internal derangement, status post crush injury of the pelvis, and medication-induced gastritis. The patient's treatment plan included continuation of medications and the continued use of Fexmid to assist with muscle spasms following therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #60:** Upheld

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

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

**Decision rationale:** The California MTUS recommends continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The clinical documentation does indicate the patient is regularly monitored for compliant behavior with urine drug screens. However, the documentation submitted does not include a quantitative assessment to support pain relief and establish the need for continued use of an opioid medication. Additionally, there is no documentation the patient receives significant functional benefit from medication usage. Therefore, continued use of Norco 10/325mg is not indicated. As such, the retrospective request for Norco 10/325mg, #60, is not medically necessary or appropriate.

**Fexmid 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmid®;ç, (generic availabl.

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

**Decision rationale:** The California MTUS does not recommend the use of muscle relaxants for extended duration of treatments. Guidelines only recommends the use of muscle relaxants for acute exacerbations for a short course of treatment not to exceed 2 to 3 weeks. As the submitted documentation indicates the patient has been taking this medication regularly as result of muscle spasms following active therapy, continued use would not be indicated. As such, the retrospective request for Fexmid 7.5mg, #60, is not medically necessary or appropriate.