

<b>Case Number:</b>	CM13-0052613		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Occupational Medicine, 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, low back pain, carpal tunnel syndrome, hypertension, and sleep disturbance reportedly associated with an industrial injury of March 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report of October 17, 2013, the claims administrator denied request for analgesic creams, partially certified Norco, and partially certified Flexeril. Norco was partially certified owing to reported complaints of severe pain. The applicant's attorney subsequently appealed. In a clinical progress note of November 20, 2013, the applicant is described as pending a left carpal tunnel release surgery. The applicant continues to take medications, however. He is pending a sleep study and a carpal tunnel release study. A shower chair is sought while the applicant is placed off of work, on total temporary disability. A September 6, 2013 progress note is also notable for comments that the applicant is off of work, on total temporary disability. On this date, the attending provider issued the applicant with refills of Norco, Prilosec, Relafen, Flexeril, and unspecified analgesic creams. A wrist brace was also dispensed. The applicant was described as reporting sharp pain, principally about the back. The applicant had not worked since the date of injury, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE, Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using several other oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Accordingly, the request is not certified, on Independent Medical Review.

**ANALGESIC CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is further noted that the attending provider has not furnished the name, amount, quantity, and/or dosage of the compound in question. Therefore, the request is not certified, for all of the stated reasons.

**NORCO:** 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): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, none of the aforementioned criteria have seemingly been met. The applicant is off of work. There is no evidence of appropriate analgesia and/or improved performance of non-work activities of daily living effected as a result of ongoing Norco usage. Therefore, the request is not certified, on Independent Medical Review.