

<b>Case Number:</b>	CM13-0055831		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 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 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:

Claimant is a 37 year old male with date of injury 11/15/2011. Per progress note dated 9/30/2013, the claimant complained of low back and left hip pain, with a recent flare-up of hip pain after unusual and unexpected activity. He was waiting for orthopedist evaluation regarding hip labral tear. He did see a pain specialist that did not help much and was willing to see another one. He was taking classes, walks and rides his bicycle. On exam his back had limited range of motion, getting his hands down below the level of his knees on flexion. He was tender to palpation at the base of the spine midline and in the PSMs bilaterally. Legs showed unremarkable DTRs, strength and seated SLTs. Diagnoses included lumbar degenerative disc disease and left hip labral tear with chronic ongoing pain. Treatment included medications, encouragement to continue with his new work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**Decision rationale:** QME dated 11/27/2012 reported that treatment should include the continued use of Norco. Per the guidelines quoted above, the claimant is in a maintenance phase of chronic opioid pain management. Although there are precautions in such management by these guidelines, the primary treating provider reports that strategies other than opioid pain medications are being considered for the claimant and the claimant is being encouraged in physical activity and career goals. The request for Norco is determined to be medically necessary.

**Flexiril 5 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**Decision rationale:** The claimant has been taking Flexeril for many months. The use of Flexeril is not intended for chronic use. The request for Flexeril 5 mg is determined to not be medically necessary.