

<b>Case Number:</b>	CM14-0016953		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	03/08/2005
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Preventative Medicine & Occupational Medicine and is licensed to practice in 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 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 patient is a 46 year-old female who is reported to have sustained work related injuries on 03/08/05. On this date the patient is reported to have sustained an injury to her low back as the result of pulling a pallet. The patient is status post lumbar surgery and is noted to have Gastroesophageal Reflux Disease (GERD) with Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy. Per the clinical note dated 10/15/13, there is subjective tenderness over the thoracic spine, there is hypertonicity left greater than right in the lumbar region, and reflexes are symmetric. The requests are for Norco 10/325 mg and Skelaxin 800 mg.

### 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 OPIATES Page(s): 74-80.

**Decision rationale:** The submitted clinical records indicate the patient is 46 year-old female who is in post lumbar surgery status. The serial clinical notes fail to document VAS scores or other measures of treatment success. There is no indication that the patient undergoes routine

compliance testing. The most recent physical examinations are unremarkable and do not provide evidence of postoperative sequela for which the continued use of this medication would be indicated. As such, the medical necessity for this medication has not been established.

**SKELAXIN 800MG # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

**Decision rationale:** The submitted clinical records indicate the patient is 46 year-old female who is status post lumbar surgery. The serial clinical notes fail to document continued evidence of myospasm for which this medication would be indicated. The most recent notes do not identify any areas of myospasm or trigger points. Therefore, in the absence of objective pathology the medical necessity of this medication is not established.