

<b>Case Number:</b>	CM14-0111702		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/12/2001
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 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:

This is a 42-year-old female with a 11/12/01 date of injury. The mechanism of injury was not noted. The most recent progress report provided for review was from 8/8/12. The patient complained of aching pain affecting the paravertebral musculature that radiated into the left trapezius. She also complained of discomfort in the bilateral hands and wrists. Objective findings: tender to palpation on the left extending into the trapezius, restricted range of motion (ROM) of CT spine, tender to palpation in the ulnar and radial flexor bilaterally. Diagnostic impression: bilateral carpal tunnel syndrome, status post right carpal tunnel release. Treatment to date: medication management, activity modification, physical therapy, surgery, acupuncture. A UR decision dated 7/14/14 modified the request for Norco from 60 tablets to 15 tablets for weaning purposes and denied the request for Flexeril. Regarding Norco, there is no clear documented evidence of any significant subjective, objective, or functional improvement resulting from its use. Regarding Flexeril, it has been prescribed since at least April of 2014 which exceeds the guideline recommended treatment duration and there were no documented subjective or objective findings that may support the short term or continued use of a muscle relaxant.

### 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 Page(s): 78-81.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The most current progress report provided for review is from 8/8/12. The patient's current condition is unknown and the medical necessity of Norco for this patient cannot be established. There is no current documentation of significant pain reduction or improved activities of daily living. In addition, there is no current documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #60 was not medically necessary.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril -muscle relaxants.

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

**Decision rationale:** According to page 41 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The most current progress report provided for review is from 8/8/12. The patient's current condition is unknown and the medical necessity of Flexeril for this patient cannot be established. It is unknown how long the patient has been taking Flexeril, and guidelines do not support the long-term use of muscle relaxants. Therefore, the request for Flexeril 10mg #30 was not medically necessary.