

<b>Case Number:</b>	CM14-0112260		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/08/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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:

The applicant is a represented J&R Farms employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 8, 2004. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and muscles relaxants. In a Utilization Report dated June 27, 2014, the claims administrator denied a request for Norco and Flexeril. The applicant's attorney subsequently appealed. In a June 16, 2014, progress note, the applicant reported persistent complaints of low back pain radiating to left leg with derivative complaints of insomnia. The applicant had reportedly fallen once owing to worsening radicular complaints. The applicant had developed reflux owing to anti-inflammatory medications, it was stated, and had also developed derivative complaints of sleep disturbance, both of which the attending provider imputed to the industrial injury and/or its aftermath. The attending provider posited that the applicant's pain scores had dropped from 10/10 without medications to 5 to 6/10 with medications. The attending provider then stated, somewhat incongruously, that the applicant was having difficulty performing basic activities of daily living including, sitting, standing, walking, showering, dressing, and doing household chores. Norco, Prilosec, Motrin, and Flexeril were endorsed. The applicant was asked to continue a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 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 the same. In this case, however, the applicant is off of work. The attending provider's reports of some reduction in pain scores achieved as result of ongoing medications usage are seemingly outweighed by the applicant's failure to return to any form of work and the applicant's reported difficulty performing activities of daily living as basic as standing, walking, sitting, showering and doing household chores. Therefore, the request is not medically necessary.

**Flexeril 10mg #30:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is using a variety of other analgesic medications, both opioid and non-opioid. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.