

<b>Case Number:</b>	CM14-0113587		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old female with a 2/25/13 date of injury. At the time (7/11/14) of request for authorization for Norco 10/325mg #90 and Flexeril 10mg #90, there is documentation of subjective (painful lower back across the midline with traveling pain, tingling, and numbing down the back of the right leg) and objective (decreased lumbar range of motion, weakness of great toe extension, numbness extending through the right leg, tender and guarded muscles in the lower lumbar) findings, current diagnoses (continuing chronic backache with sciatica into the right leg with neurological deficit at the fifth lumbar nerve by neurodiagnostic testing), and treatment to date (activity modification, and medications (including ongoing use of Norco and Flexeril since at least 10/13)). 4/14/14 medical report identifies that the patient's pharmaceutical mediation was reviewed. Regarding the requested Norco 10/325mg #90, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding the requested Flexeril 10mg #90, there is no documentation of an acute exacerbation of chronic low back pain, that Flexeril is being used as a second line option and for short-term treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** 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) 74-80 Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of continuing chronic backache with sciatica into the right leg with neurological deficit at the fifth lumbar nerve by neurodiagnostic testing. In addition, given documentation that the patient's pharmaceutical mediation was reviewed, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given medical records reflecting prescription for Norco since at least 10/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #90 is not medically necessary.

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment.

Within the medical information available for review, there is documentation of diagnoses of continuing chronic backache with sciatica into the right leg with neurological deficit at the fifth lumbar nerve by neurodiagnostic testing. However, there is no documentation of an acute exacerbation of chronic low back pain and that Flexeril is being used as a second line option and for short-term treatment. In addition, given medical records reflecting prescription for Flexeril since at least 10/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #90 is not medically necessary.