MAXIMUS Federal Services

| Case Number: | CM14-0133924 | | |
|---|---|---|---|
| Date Assigned: | 08/25/2014 | Date of Injury: | 11/22/2002 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

## 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:

This patient is a 60 y/o male who has developed chronic low back and left leg pain subsequent to an injury dated 11/22/02. He was treated with a microdiscectomy due to a radiculopathy, but there is evidence of a re-herniation and ongoing radiculopathic pain with an L5-S1 sensory deficit. The possibility of repeat surgery is being contemplated. His medications are prescribed by the treating orthopedist. There is little documentation regarding effectiveness. Only a single recent treaters narrative has been sent for review. Medications include Norco 10/325 TID prn, Neurontin 300mg. TID, Ibuprofen TID prn, and Flexeril 10mg 10.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

**Decision rationale:** MTUS Guidelines supports the judicious use of opioid mediation when there are pain and function benefits. Very limited records were sent for review, but it appears evident that opioid use if fairly minimal without aberrant behaviors. There is inadequate records

to uphold a denial of the Norco 10/325 TID as needed. At this point in time, it appears medically necessary.

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Spasmotics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** MTUS Guidelines do not support the long term chronic use of Flexeril. Limited use of up to 2-3 weeks is the maximum recommended for initial use or for specific flare-ups. The Flexeril is provided for daily use on a long term basis. Even though the records sent for review of limited, there is adequate information that documents non-compliance with Guideline recommendations. No unusual circumstances supports an exception to Guidelines. The Flexeril 10mg. #90 is not medically necessary.