

<b>Case Number:</b>	CM14-0165350		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	05/10/2009
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 10, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes, and denied Flexeril outright. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 6, 2014, the applicant reported ongoing complaints of low back pain. It was stated that the applicant had not responded to an earlier epidural steroid injection. Omeprazole and gabapentin were renewed, along with topical compounds. The applicant's work status was not furnished. In a handwritten note dated October 6, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The note was very difficult to follow, did not clearly outline what medication the applicant was taking. There was no discussion of medication selection or medication efficacy on this occasion. On a September 24, 2014 progress note, also handwritten, difficult to follow, not entirely legible, the attending provider apparently sought authorization for a repeat L5-S1 epidural steroid injection, despite the fact that the applicant had seemingly failed to respond to the previous injection. The note was difficult to follow and did not contain any references to medication selection or medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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's work status, functional status, and response to ongoing Norco usage have not been clearly outlined. It does not appear that the applicant is working. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Flexeril 10mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, concurrently using cyclobenzaprine and Norco. This is not indicated. Page 41 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that cyclobenzaprine should be reserved for a "short course of therapy." Here, the 60-tablet supply of cyclobenzaprine (Flexeril) at issue implies chronic, long-term, and/or scheduled usage of the same. Such usage is incompatible with page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.