

<b>Case Number:</b>	CM14-0023117		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 43 year-old male who was injured on 8/7/2008. He has been diagnosed with: history of closed-head injury, recent craniotomy, and omental patch for cerebrospinal fluid leak; placement and removal of intrathecal drain removed from the lumbar region; low back pain; cognitive deficits, memory loss, post-concussive headaches; history of left-sided facial fracture ORIF along the left side of face; history of C6 compression fracture, stable; history of left shoulder sprain, history of TMJ malocclusion, dental fractures; hearing loss left ear. According to the 1/15/14 report, he presents with 8/10 back pain, 6/10 left shoulder and elbow pain, 2/10 headaches. He feels the symptoms are worsening, but the headaches have improved since the omental patch. He takes Norco and Flexeril and believes they are better than nothing at all. On 1/24/14 UR modified the use of Norco and denied Flexeril.

### 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 Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

**Decision rationale:** According to the 1/15/14 report, he presents with 8/10 back pain, 6/10 left shoulder and elbow pain, 2/10 headaches. Headaches have improved with the recent craniotomy and omental patch, but overall the patient believes he is worsening. He has been diagnosed with: history of closed-head injury, recent craniotomy, and omental patch for cerebrospinal fluid leak; placement and removal of intrathecal drain removed from the lumbar region; low back pain; cognitive deficits, memory loss, post-concussive headaches; history of left-sided facial fracture open reduction internal fixation along the left side of face; history of C6 compression fracture, stable; history of left shoulder sprain, history of TMJ malocclusion, dental fractures; hearing loss left ear. I have been asked to review for continued use of Norco. (MTUS) on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement", and on page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. California Medical Treatment Utilization Schedule (MTUS) does not recommend continuing treatment if there is not a satisfactory response.

**FLEXERIL 5MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** According to the 1/15/14 report, he presents with 8/10 back pain, 6/10 left shoulder and elbow pain, 2/10 headaches. I have been asked to review for Flexeril. The records show the patient has been using Flexeril on 6/26/13, 8/5/13, 9/9/13, 10/24/13, and 1/15/14. MTUS guidelines state specifically that the medication is not recommended over 3-weeks. The continued use of Flexeril over 6-months is not in accordance with California Medical Treatment Utilization Schedule (MTUS) guidelines.