

<b>Case Number:</b>	CM14-0023739		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 and is licensed to practice in Minnesota. 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 injured worker is a year 59 old female who reported an injury on 03/10/2008. The mechanism of injury was while the injured worker was driving a truck with a trailer; the trailer slipped off the road and hit a large palm tree which caused the palm tree to come crashing down into the cabin of the truck trapping the injured worker inside. As a result of the crash the injured worker sustained injury to multiple body parts. The injured worker complained of constant pain in the neck that radiates to the left buttock and posterior thigh. Upon physical exam the injured worker displayed mildly positive Phalen's and Tinel's sign for the left & right. The right shoulder revealed limited range to 140 degrees, full forward flexion of 170 degrees, extend 30 degrees and internal & external rotation 30 degrees with positive impingement sign. The left shoulder exam revealed full active range in all planes with mildly positive impingement sign and some mild crepitus on circumduction passively. The injured worker has a history of low back pain, disc herniation at the L4-L5 impinging the left L5 nerve root, electromyography revealing chronic L5 radiculopathy, impingement tendinopathy in the right shoulder, angina, hypertension, anxiety disorder and bilateral knee pain with gouty arthritis left foot. The injured worker had bilateral carpal tunnel release, right shoulder decompression, epidural steroid injections and acupuncture performed. The injured worker used transcutaneous electrical nerve stimulation (TENS) unit and has participated in physical therapy for the left knee, low back & left wrist. Also takes Norco and Pamelor for pain. The injured worker reported the pain at 10/10 without medications and 5/10 with. The injured worker was advised to continue use of the Norco for pain and continue with physical therapy. The request for authorization from dated 03/03/2014 was included with the documentation, the rationale was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR ONE PRESCRIPTION OF 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 Opioids, criteria for use - on-going management Page(s): 78.

**Decision rationale:** The request for prospective request for one prescription of Norco 10/325mg #120 is not medically necessary. The injured worker has a history of chronic pain to multiple parts secondary to motor vehicle accident. The injured worker has been taking Norco 10/325mg, participated in physical therapy, received acupuncture and epidural steroid injections and underwent bilateral carpal tunnel release and right shoulder decompression for treatment. The California MTUS states actions to include for on-going management of opioid use should include the lowest possible dose should be prescribed to improve pain and function and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. As well as information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation submitted review noted that urine drug screens have been appropriate; however there was a lack of documentation to indicate the frequency and the most recent date of the urine drug screen. In addition there is lack of documentation to indicate the frequency of the requested medication. Based on the above, the request is not medically necessary.

**PROSPECTIVE REQUEST FOR ONE PRESCRIPTION OF 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 Muscle relaxants - antispasmodics (for pain) Page(s): 64.

**Decision rationale:** The request for prospective request for one prescription of Flexeril 10mg #30 is not medically necessary. The injured worker has a history of chronic low back pain and received 2 epidural steroid injections and acupuncture for treatment. In addition documentation on noted the injured worker used Flexeril and Robaxin for muscle spasm, although there was a lack of documentation to indicate the dosage, frequency and length of time either medication was used. The Chronic Pain Medical Treatment Guidelines Cyclobenzaprine (Flexeril) is recommended for a short course of therapy but limited, mixed-evidence does not recommend for

chronic use. Flexeril dosing is recommended at 5m three times a day but can be increased to 10mg three times a day. However it is not recommended to be used for longer than 2-3 weeks. There is no documentation to indicate how long the injured worker has used this medication. In addition there is a lack of documentation to indicate the frequency it was prescribed for. Based on the above noted, the request is not medically necessary.