

<b>Case Number:</b>	CM14-0024842		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Texas. 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 49 year old female dental hygienist who slipped and fell from a chair on 07/29/13. She sustained multiple injuries to the neck. She underwent 18 physical therapy visits and had subsequent approval for physical therapy two visits a week times for six weeks. MRI of the cervical spine dated 02/12/14 noted prominent disc protrusion on the right at C5-6 effacing the cord, resulting in moderate central canal stenosis. There was a tiny focus of high signal intensity within the cord just above this level which may have represented myelomalacia which was stable. There was a right sided disc protrusion at C6-7 with mild central canal stenosis and mild right neural foraminal narrowing which was unchanged. There was a right side disc protrusion at C4-5 with mild central canal stenosis which was stable. The injured worker underwent cervical epidural steroid injections at C5-6 and C6-7 on 05/14/14. Her response was not documented. A utilization review determination dated 02/13/14 non-certified the non-specific requests for Norco and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO FOR UNKNOWN FREQUENCY AND DURATION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

**Decision rationale:** The request for Norco is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained cervical thoracic and lumbar strains as a result of a fall from a chair. The imaging studies indicate the presence of cervical disc herniation. Most recent physical examinations do not show any substantive findings which would warrant the use of opiate medications. Records indicate that the injured worker is nearly one year post date of injury. Further, the records fail to provide any data establishing functional improvements. There is no information to establish that there is a pain management contract or that urine drug screening is performed to assess compliance. As such, the request would not meet Chronic Pain Medical Treatment Guidelines for continued use.

**FLEXERIL FOR UNKNOWN FREQUENCY AND DURATION:** Upheld

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

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

**Decision rationale:** The request for Flexeril is not supported as medically necessary. The submitted clinical records indicate that the claimant has chronic neck pain as a result of falling from a chair on 02/29/13. Serial physical examinations do not identify the presence of myospasm for which this medication would be indicated. The injured worker is now one year post date of injury and Chronic Pain Medical Treatment Guidelines do not support the chronic use of muscle relaxants in the treatment of pain. As such the medical necessity for continued use of this medication has not been established.