

<b>Case Number:</b>	CM14-0040023		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/30/2005
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old female with a 3/30/05 date of injury. At the time (3/7/14) of request for authorization for Norco 10-325mg #180 and Flexeril 10 mg #60 RF-2, there is documentation of subjective (cervical pain, back stiffness, numbness and tingling in the right arm, weakness in the right arm, stiffness and pain with movement of upper back) and objective (pain with ambulation, 5-5/ muscle strength for all groups tested, decreased sensation S1 and L4 dermatomes, pain to palpation C2-C6 facets, secondary myofascial pain with triggering and ropery fibrotic banding, pain with rotational extension, lumbosacral pain with Valsalva, Faber, Gaenslen's, pain to palpation over the L3-S1 facets, pain with rotational extension) findings, current diagnoses (cervical and lumbar discopathy with radiculopathy), and treatment to date (radiofrequency, epidural steroid injections, and medications (including Norco and Flexeril since at least 10/13)). The 3/7/14 medical report identifies that the patient has noted benefit with the medications and has completed urine drug screen (UDS), signed a narcotic agreement, and has been able to increase her functional capacity due to the effects of the medications with the benefit that is substantial enough. Regarding Flexeril 10 mg #60 RF-2, there is no documentation of an acute exacerbation of chronic low back pain and that Flexeril is used as a second line option and for short-term treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment, Opioids Page(s): 76-80.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar discopathy with radiculopathy. In addition, given documentation of a narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation that the patient has been able to increase her functional capacity due to the effects of the medications with the benefit that is substantial enough, there is documentation functional benefit as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10-325mg #180 is medically necessary.

**Flexeril 10mg #60 RF-2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment, Muscle Relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar discopathy with radiculopathy. In addition, there is documentation of functional benefit as a result of Flexeril use to date. However, there is no documentation of an

acute exacerbation of chronic low back pain and that Flexeril is used as a second line option and for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10 mg #60 RF-2 is not medically necessary.