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| <b>Case Number:</b>   | CM14-0056635 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 08/21/2007 |
| <b>Decision Date:</b> | 09/03/2014   | <b>UR Denial Date:</b>       | 04/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/28/2014 |

### 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 patient is a 35-year-old male who has submitted a claim for lower back pain associated from an industrial injury date of 08/21/2007. Medical records from 2014 were reviewed and showed that patient complained of chronic low back pain with radicular symptoms in the lower extremities. Pain was rated at 8/10 without medications and 5/10 with medications. Physical examination revealed slight tenderness and spasm of the bilateral lumbar paraspinals. Tenderness was noted throughout the lumbar spine. Finger to floor testing was deferred. Seated straight leg raise test was negative bilaterally. Motor testing was limited to the hips secondary to back pain and guarding, otherwise it was 5/5. Sensation to light touch was reduced on the posterior aspect of the right buttock from a prior 2005 motor vehicle accident. Treatment to date has included physical therapy and oral analgesics including opioid medications and muscle relaxants. Utilization review, dated 14/03/2014, modified the request for Prospective request for 1 prescription of Norco 10/325 mg # 150 with 1 refill to 1 prescription of Norco 10/325 mg # 113 because it is not recommended for treatment of chronic pain and decreased dosage for weaning purposes. The same review denied the request for 1 prescription of Flexeril 10mg #60 with 1 refill as this medication is not recommended for treatment of chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Norco 10/325 mg # 150 with 1 refill.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the records noted that the patient has been prescribed Norco since 2012. The medical records likewise did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325MG, #150 with 1 refill is not medically necessary.

**Prospective request for 1 prescription of Flexeril 10mg #60 with 1 refill.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine( Flexeril, Amrix, Fexmid, generic available); Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated on page 41 of CA MTUS Chronic Pain Medical Treatment Guidelines, treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, the patient has been prescribed Cyclobenzaprine (Flexeril) since January 2014. Long-term use of Flexeril is not recommended. Therefore, the request for Prospective request for 1 prescription of Flexeril 10mg #60 with 1 refill is not medically necessary.