

<b>Case Number:</b>	CM14-0071871		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/31/1997
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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:

This patient sustained an injury on 7/31/1997 while employed by [REDACTED]. The requests under consideration include Flexeril 10 MG Quantity 30 Four Refills and Norco 10/325 MG Quantity 30 Four Refills. Diagnoses include thoracic/lumbosacral neuritis/radiculitis. Medications list Norco, Ibuprofen, and Flexeril. The patient continues with chronic low back pain. There was mention the patient has residual effects from previous cerebrovascular accident (CVA) (aka stroke). MRI of the lumbar spine in January 2013 showed degenerative disc disease at L4-S1 with annular tear. Conservative care has included medications, therapy, medial branch blocks/injections with temporary relief, and modified activities/rest. Report of 10/18/13 from the provider noted the patient having underwent medial branch block on 4/8/13 to bilateral L3, L4, and L5 with pain relief and reduction of pre-existing back pain. The patient was noted to have non-industrial issues with residual weakness in right side after stroke. Exam showed decreased range with pain; motor strength grossly intact except for mild generalized weakness on right side, residual from CVA; slight decrease in light touch at calves consistent with prior exams. Treatment plan included continuing with home exercise program, renewal of medications. Request for Flexeril 10 MG Quantity 30 Four Refills and Norco 10/325 MG Quantity 30 Four Refills were not medically necessary on 4/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 MG Quantity 30 Four Refills:** 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): 128.

**Decision rationale:** This patient sustained an injury on 7/31/1997 while employed by [REDACTED]. The request under consideration include: Flexeril 10 MG Quantity 30 Four Refills and Norco 10/325 MG Quantity 30 Four Refills. Diagnoses include thoracic/lumbosacral neuritis/radiculitis. Medications list Norco, Ibuprofen, and Flexeril. The patient continues with chronic low back pain. There was mention the patient has residual effects from previous cerebrovascular accident (CVA) (aka stroke). The MRI of the lumbar spine in January 2013 showed degenerative disc disease at L4-S1 with annular tear. Conservative care has included medications, therapy, medial branch blocks/ injections with temporary relief, and modified activities/rest. Report of 10/18/13 from the provider noted the patient having underwent medial branch block on 4/8/13 to bilateral L3, L4, and L5 with pain relief and reduction of pre-existing back pain. The patient was noted to have non-industrial issues with residual weakness in right side after stroke. Exam showed decreased range with pain; motor strength grossly intact except for mild generalized weakness on right side, residual from CVA; slight decrease in light touch at calves consistent with prior exams. Treatment plan included continuing with home exercise program, renewal of medications. Request(s) for Flexeril 10 MG Quantity 30 Four Refills and Norco 10/325 MG Quantity 30 Four Refills were non-certified on 4/28/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1997. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Flexeril 10 MG Quantity 30 Four Refills is not medically necessary and appropriate.

**Norco 10/325 MG Quantity 30Four Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** This patient sustained an injury on 7/31/1997 while employed by [REDACTED]. Request under consideration include Flexeril 10 mg quantity 30 four refills and Norco 10/325 mg quantity 30 four refills. Diagnoses include thoracic/lumbosacral neuritis/radiculitis. Medications list Norco, Ibuprofen, and Flexeril. The patient continues with chronic low back pain. There was mention the patient has residual effects from previous

cerebrovascular accident (CVA) (aka stroke). MRI of the lumbar spine in January 2013 showed degenerative disc disease at L4-S1 with annular tear. Conservative care has included medications, therapy, medial branch blocks/injections with temporary relief, and modified activities/rest. Report of 10/18/13 from the provider noted the patient having underwent medial branch block on 4/8/13 to bilateral L3, L4, and L5 with pain relief and reduction of pre-existing back pain. The patient was noted to have non-industrial issues with residual weakness in right side after stroke. Exam showed decreased range with pain; motor strength grossly intact except for mild generalized weakness on right side, residual from CVA; slight decrease in light touch at calves consistent with prior exams. Treatment plan included continuing with home exercise program, renewal of medications. Request for Flexeril 10 mg quantity 30 four refills and Norco 10/325 mg quantity 30 four refills were non-certified on 4/28/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325 mg quantity 30 four refills is not medically necessary and appropriate.