

<b>Case Number:</b>	CM14-0090392		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, has a subspecialty in Interventional Spine 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 54-year-old female with a date of injury of 09/25/2012. The listed diagnosis per [REDACTED] are: 1. Thoracic and lumbar spine sprain/strain. 2. Mild CTS. The medical file provided for review includes one progress report from 05/19/2014. The patient complains of lower back and wrist pain. Examination of the lumbar spine revealed TTP and positive straight leg raise and sit stress test. Examination of the wrist revealed TTP, carpal tunnel right greater than left, thenar eminence right greater than left, and positive Tinel's and Phalen's sign. There is a recommendation for refill of Norco 2.5/325 mg quantity 60 and Norflex 100 mg quantity 60. The Utilization Review denied the request on 06/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89; 78.

**Decision rationale:** This patient complains of low back and wrist pain. The treating physician is requesting Norco 2.5/325 mg with a quantity of 60. MTUS requires a pain assessment of the current pain and least reported pain since last assessment. The assessment should also include; average pain, intensity of pain after the medication is taken; how long it takes for relief of the pain and how long relief lasts. The four A's for ongoing monitoring are also required that include; Analgesia, ADL's, Adverse side effects and Aberrant drug-seeking behavior. The medical file provided includes one progress report on 05/19/2014. This report does not provide any discussion regarding this medication. There is a prescription that indicates this is a refill of Norco 2.5/325 mg quantity 60. In this case, the treating physician does not provide pain assessment or outcome measures as required by MTUS. Recommendation is not medically necessary.

**Norflex 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available; Muscle relaxants (for pain)  
Page(s): 64; 63.

**Decision rationale:** This patient complains of low back and wrist pain. The treating physician is requesting a refill of Norflex 100 mg quantity 60. This medication is a muscle relaxant similar to Flexeril. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using three to four days of acute spasm and no more than two to three weeks. In this case, there is only one progress report provided for review on 05/19/2013. This report requests a refill of Norflex 100 mg quantity 60. MTUS does not allow for long-term use of muscle relaxants. The requested Norflex quantity 60 is not medically necessary.