

<b>Case Number:</b>	CM14-0095128		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 and is licensed to practice in Nevada. 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 37 year-old male who reported an injured on 1/25/2013. The mechanism of injury is noted as an L2 compression fracture due to a fall. The most recent progress note dated 6/4/2014, indicates that there are ongoing complaints of low back pain with right lower extremity pain and numbness. Physical examination demonstrated T12, L1, L2 tenderness with paraspinal tightness/spasm; sciatic notch & sacroiliac joint tenderness; limited lumbar range of motion due to pain; LE strength: 5/5 on right, 5/5 on left; decrease sensation to L2-L3 dermatome; patellar reflex: 2 right, 2+ left & Achilles reflex: 1 right, 1+ left; positive test include: Straight Leg Raise, Patrick's and Gaenslen's maneuver bilaterally; trigger point tenderness at L2, L3, L4, L5 and S1 levels. A Computed tomography (CT) scan of the lumbar spine dated 1/25/2013 demonstrated an L2 compression fracture without significant canal/foraminal stenosis; moderate degenerative changes at L3-L4. Plain radiographs of the thoracic/lumbar junction dated 4/19/2013 demonstrated no significant change from the CT scan to the lumbar spine on 1/25/2013. Previous treatment includes Flexeril, Naproxen, Norco, Effexor and Nortriptyline. A request was made for Norco 10/325mg #120; Flexeril 10mg #60 and Colace 100mg #60 which were not certified in the utilization review on 6/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG, ONE EVERY 6 HOURS AS NEEDED FOR PAIN, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NORCO. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends, "Short-acting opiates, for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects." The injured worker suffers from chronic low back pain with radiation to the right lower extremity; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

**FLEXERIL 10MG, 1 /2-1 TABLET THREE TIMES A DAY, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines supports the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the injured workers' date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**COLACE 100MG, 1-2 AT BEDTIME, #60 FOR OPIOIDS INDUCED CONSTIPATION:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ROBERTS PHARMACUTICAL 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 77.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of a stool softener (i.e. Colace) for prophylactic treatment of constipation when starting opiate therapy. As the Norco is not considered medically necessary; the stool softener is not required. Furthermore, Colace is available as a generic over the counter product without a prescription. This request is not considered medically necessary.

