

<b>Case Number:</b>	CM14-0095286		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/07/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/18/2014
<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 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 injured worker is a 53-year-old female who reported an injury on 12/07/2008. The mechanism of injury was not stated. Current diagnoses include bilateral shoulder internal derangement and lumbar radiculitis. The injured worker was evaluated on 07/18/2014 with complaints of persistent lower back pain. Physical examination revealed weakness, positive straight leg raise, and diminished sensation in the posterior thigh. Treatment recommendations included continuation of the current medication regimen and home exercise program. A request for authorization form was then submitted on 07/18/2014 for Norco 10/325 mg and Flexeril 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 07/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**Flexeril 10mg, qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has utilized this medication since 07/2013. There is also no frequency listed in the current request. As such, the request is not medically necessary.