

<b>Case Number:</b>	CM14-0144371		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Family Practice, 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:

45 yr. old female claimant sustained a work injury on 3/29/11 involving the low back. She had prior injuries to the right knee, left shoulder and left hip. She was diagnosed with a herniated lumbar L4-L5 disc, AC clavicle separation, and a right knee derangement. She had undergone knee and shoulder surgery in 2000 and 2005. She had undergone physical therapy. Since at least 2012 she had been on Flexeril, Prilosec, Anaprox, Norco and Ultram for pain. A progress note on 10/15/14 indicated the claimant had continued pain in the involved areas. Exam findings were notable for decreased range of motion of the lumbar spine and a positive straight leg raise test on both sides. The claimant had been treated with Norco, Flexeril, Tramadol, and Anaprox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91 and 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back

pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for several years. The continued use of Norco is not medically necessary.

**Ultram 150mg Qty: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 and 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92 and 93.

**Decision rationale:** Opioid analgesics and Tramadol have been suggested as a second-line treatment. According to the guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. There a lack of evidence to support long term use. The claimant had been on Tramadol for several years along with Anaprox and there was no indication of Tylenol or NSAID failure. The claimant had been on the maximum dose of Tramadol. Continued and prolonged use is not medically necessary. Therefore the Tramadol prescribed above is not medically necessary.

**Flexeril 7.5 Qty: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 62 and 63.

**Decision rationale:** Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. However in Low back pain they show no benefit over NSAIDS in pain and overall improvement. The efficacy diminishes over time and there is risk of dependency. The claimant had been on Flexeril for several years. Continued use is not medically necessary.