

<b>Case Number:</b>	CM14-0195839		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Rehab 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 51 year old male was injured on 08/05/2002 while employed. On physician's progress report examination date 10/28/2014 he complained of ongoing neck and lower back pain. He was noted to have a decreased range of motion at cervical and thoracolumbar spine and tenderness to touch on right paraspinal area was noted. His diagnoses were multilevel cervical disc herniation, cervical sprain with radicular symptoms, chronic pain, lumbosacral sprain with radicular symptoms and opioid dependence. The injured workers medication regimen included Flexeril and Norco. She underwent a MRI of the spine on 07/24/2014 which revealed at C6-C7 a 3 mm midline disc protrusion resulting in flattening of thecal sac with mild to moderate central canal narrowing. Also noted was a 3 mm biforaminal disc osteophyte complexes at this level with abutment of the exiting cervical nerve roots bilaterally. Treatment plan included cervical epidural steroid injection (right C6-C7 level) and Flexeril and Norco oral medication as previous prescribed. The Utilization Review dated 11/12/2014 non-certified the request for 30 tablets of Flexeril 10mg (3 refills) as not medically necessary and modified the request for 120 tablets of Norco 10/325mg to 60 tablets of Norco 10/325mg for weaning purposes. The physician referred to MA MTUS Chronic Pain guidelines for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Flexeril 10 mg with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, pages 63-64, state that Flexeril is indicated only for a short course of therapy and that the evidence does not support a recommendation for chronic use. The medical records in this case do not provide an alternate rationale to support this request on a chronic basis. The request is not medically necessary.

**60 Tablets of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid/Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These four A's of opioid management have not been documented in this case. This is a chronic case over a decade old. The medical records do not document functional benefit from opioids which cannot be achieved through non-opioid treatment. Again, the guidelines have not been met. This request is not medically necessary.