

<b>Case Number:</b>	CM14-0211080		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/10/2008
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 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:

51 yr. old male claimant sustained a work injury on 2/10/08 involving the shoulder, neck and back. He was diagnosed with cervical disk disease, lumbar radiculitis and thoracic spine strain. He had undergone a cervical discectomy and fusion in 2013. He had failed prior cervical disk epidural injections. Prior thoracic spine MRIs were normal. A progress note on 11/3/14 indicated the claimant had persistent pain in the involved areas. Exam findings were notable for a positive axial compression test and Spurling's maneuver. There was tenderness in the lumbar spine with a positive straight leg raise test. Range of motion in the lumbar spine was restricted. Sensation in the C6-C7 areas was reduced. The claimant was treated with Norco for pain and Fexmid for spasms. He had been using these medications for several months.

### 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.

**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 Chronic Pain Medical Treatment Guidelines, it is not indicated as 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 basis for short-term use. Long term-use has not been supported by any trials. In this case, the claimant had been on Norco for a prolonged time frame without significant improvement in pain or function. The continued use of Norco is not medically necessary.

**Fexmid 7.5mg QTY #60:** 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 Cyclobenzaprine.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Fexmid) 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. Treatment should be brief. There is also a post-operative use. The addition of Cyclobenzaprine to other agents is not recommended (Norco). Long term use (i.e. a month or longer) is not medically necessary. Therefore, this request is not medically necessary.