

<b>Case Number:</b>	CM15-0009086		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 07/19/2012. The diagnoses have included right knee pain, neck pain, cervical disc disease, cervical radiculitis, right shoulder pain, partial thickness tear of the right supraspinatus tendon status post surgery on 05/20/2013, right knee pain status post surgery 07/31/2013, low back pain, thoracic pain, and carpal tunnel syndrome. Treatments to date have included surgeries and medications. Diagnostics to date have included urine drug screen dated 06/23/2014 which was positive for opiates at which time his pain was 7/10. The claimant had been receiving Norco since at least February 2014 and Flexeril since at least August 2014. In a progress note dated 12/15/2014, the injured worker presented with complaints of crepitus and grinding about the patellofemoral region and pain along the right knee. The treating physician reported the injured worker may need a patellofemoral joint replacement versus a complete knee replacement at some point. His pain was relieved by changing position and "medications." Utilization Review determination on 12/26/2014 non-certified the request for Norco tablets 10-325mg #120 with no refills and Flexeril 7.5mg #60 with no refills citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** According to the MTUS guidelines, 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. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period without significant improvement in pain or function. Recent request for medication was not supported with pain scores and improvement was based on change in position and medication rather than Flexeril alone. Continued use is not medically necessary.

**Norco TAB 10-325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain

**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, 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 over 10 months. Recent request for medication was not supported with pain scores and improvement was based on change in position and medication rather than Norco alone. The continued use of Norco is not medically necessary.