

<b>Case Number:</b>	CM15-0102662		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	12/22/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on December 22, 2012. The injured worker was diagnosed as having chronic low back pain, lumbar discogenic pain, radiculitis, facetogenic pain and myofascial pain and chronic pain syndrome. Treatment to date has included injections, magnetic resonance imaging (MRI) and medication. A progress note dated April 29, 2015 provides the injured worker complains of low back pain radiating down both legs. She rates her pain 5-9/10 without medication and 4/10 with medication. Physical exam notes lumbar tenderness with decreased range of motion (ROM). Old magnetic resonance imaging (MRI) revealed significant facet degeneration, disc bulge and fissuring. There is mention of a newer magnetic resonance imaging (MRI) but it was not reviewed. The plan includes Norco and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg #60:** Overturned

**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 Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down the bilateral lower extremities. The current request is for Norco 10mg #60. The treating physician report dated 4/29/15 (57B) states; I dispensed 60 of Norco and 60 of Flexeril. The patient is functional and active on her medications. The report goes on to state, we are adherent to the four domains of prescribing opioids for pain patients: Analgesia, activity, aberrant drug behavior, and adverse side effects. The patient is active. There has been no aberrant drug behavior. She gets good relief and tolerates it well. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 10/13/14 (18B). The report dated 10/28/14 notes that the patient's pain has decreased from 5-9/10 to 4/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation. The patient's ADL's have improved such as the ability to cook, take care of her house and the ability to walk on a regular basis. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Norco has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

**Cyclobenzaprine 7.5mg #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 Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down the bilateral lower extremities. The current request is for Cyclobenzaprine 7.5mg #60. The treating physician report dated 4/29/15 (57B) states; I dispensed 60 of Norco and 60 of Flexeril. The patient is functional and active on her medications. The MTUS guidelines for muscle relaxants state the following: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The MTUS guidelines for muscle relaxants for pain page 63 states the following: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 10/13/14. In this case, the use of the medication is outside the 2-3 weeks recommended by the MTUS guidelines. The current request is not medically necessary.