

<b>Case Number:</b>	CM15-0010789		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: New Jersey, New York  
 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:

This 49 year old woman sustained an industrial injury on 5/9/2011 to her low back due to cumulative trauma. Current diagnoses include thoracic spine pain, low back pain, lumbar disc degeneration, and thoracic disc degeneration. Treatment has included oral medications. Physician notes dated 12/30/2014 show complaints of low back pain. Recommendations include continuing with the same medication regimen and follow up in two months. On 1/13/2015, Utilization Review evaluated prescriptions for Norco 10/325mg #150 and Flexeril 10 mg #90, that were submitted on 1/20/2015. The UR physician noted the following: regarding the Norco, there is no documentation of pain relief, functional improvement with this medication, or appropriate use. Further, urine drug screen results are not provided. Regarding Flexeril, there is no documentation of functional benefit. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request for Flexeril is denied and Norco is modified to provide for weaning. Both were subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what her pain was like previously and how much Norco decreased her pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

**Flexeril 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The use of cyclobenzaprine is medically unnecessary. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There are general statements documenting improvement in pain and function while using her medications but no specific details are listed and it is unclear if cyclobenzaprine is necessarily contributing to this improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.