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| <b>Case Number:</b>   | CM15-0130821 |                        |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b> | 11/29/2008 |
| <b>Decision Date:</b> | 09/10/2015   | <b>UR Denial Date:</b> | 06/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application</b>     | 07/07/2015 |

### **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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### **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 47-year-old, male who sustained a work related injury on 11/29/08. The diagnoses have included lumbar radiculitis, lumbar degenerative disc disease and failed back syndrome. Treatments have included medications, home exercises, and physical therapy and lumbar epidural steroid injections. In the PR-2 dated 6/9/15, the injured worker complains of low back pain that radiates down lateral aspect of right leg with associated numbness, tingling, spasms and weakness. He obtained greater than 50% pain relief with previous lumbar epidural steroid injection on 3/27/15 for 3 months. He states pain is interfering with his ability to sleep and walk. He rates his pain level a 7-8/10. He has L3-L5 paraspinal muscle spasms and tenderness. He has decreased sensation over L4-S1 dermatomes. He has decreased patellar and achilles deep tendon reflexes in right leg. He has a positive straight leg raise less than 50 degrees in right leg. He is requesting refills of medications. He is not working. The treatment plan includes refills of medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<=70 days)." Long-term use of opioids is not recommended. It is noted that the injured worker has been on this medication for over 6 months. There is insufficient documentation on pain levels and functional capabilities. Documentation does not include a toxicology screen as recommended by the guidelines. Norco has been prescribed at most office visits. For all of these reasons, this treatment request for Norco is not medically necessary.

**Flexeril 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63-64.

**Decision rationale:** Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED] [REDACTED]" Cyclobenzaprine is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Long-term use of Cyclobenzaprine is not recommended. He has been taking this medication for greater than 6 months. It is noted that Flexeril has consistently been requested for refill from visit to visit. There is insufficient documentation the Flexeril is helping to decrease his spasms. Because of the insufficient documentation and the long-term use of Flexeril is not recommended, the treatment request for Flexeril is not medically necessary.