

<b>Case Number:</b>	CM15-0144678		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	10/27/2006
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 60-year-old male who sustained an industrial injury on 10-27-2006. The injured worker was diagnosed with discogenic back pain and myofascial pain. No surgical interventions were documented. Treatment to date was not included. According to the primary treating physician's progress report on June 11, 2015, the injured worker continues to experience low back pain and presents for medication refills. The injured worker rates his pain level at 5 out of 10 with medications and 6 out of 10 without medications. The injured worker walks daily for exercise. There was no documentation of physical examination or objective findings on this visit. According to the primary treating physician report in April 2015, the injured worker ambulated with an antalgic gait and uses a narrow based quad cane. There was decreased range of motion in all plains due to pain, tenderness to palpation along the spinous process in the lumbar region and motor strength was noted as 3-4 out of 5 on the right lower extremity and 4-5 out of 5 on the left. Decreased sensation to touch was noted on the right. Current medications are listed as Norco and Flexeril. Treatment plan consists of continuing with medication regimen, follow-up visit and the current request for Norco 10mg-325mg and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are low back pain; discogenic low back pain in it: and myofascial pain. Date of injury is October 27, 2006. Request for authorization is June 22, 2015. The earliest progress note in the medical record containing Norco 10/325mg and Flexeril 10 mg is dated October 8, 2014. Subjectively, the injured worker complained of low back pain with a pain scale of 4/10 with medication. Flexeril helps. Objectively, there is no spasm noted. The most recent progress note dated April 13, 2015, subjectively states ongoing low back pain with pain score of 3-4/10. Objectively, there is decreased range of motion, but no spasm documented objectively. Flexeril is recommended for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation of an acute exacerbation of low back pain. Additionally, the treating provider continued Flexeril in excess of the recommended guidelines for short-term use (less than two weeks) by continuing treatment, at a minimum, in excess of six months. Consequently, absent clinical documentation of an acute exacerbation of chronic low back pain, objective evidence of spasm on physical examination and continued treatment in excess of the recommended guidelines for short-term use (less than two weeks), Flexeril 10mg #90 is not medically necessary.

**Norco 10/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended

in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are low back pain; discogenic low back pain in it: and myofascial pain. Date of injury is October 27, 2006. Request for authorization is June 22, 2015. The earliest progress note in the medical record containing Norco 10/325mg and Flexeril 10 mg is dated October 8, 2014. Subjectively, the injured worker complained of low back pain with a pain scale of 4/10 with medication. Flexeril helps. Objectively, there is no spasm noted. The most recent progress note dated April 13, 2015, subjectively states ongoing low back pain with pain score of 3-4/10. Objectively, there is decreased range of motion, but no spasm documented objectively. The documentation does not demonstrate objective functional improvement with ongoing Norco 10/325mg. There were no pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement, risk assessments and detailed pain assessments, Norco 10/325mg # 90 is not medically necessary.