

<b>Case Number:</b>	CM15-0146892		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: 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 39 year old female, who sustained an industrial injury on 11-25-14. The injured worker has complaints of lumbar strain, low back pain. The documentation noted that the injured worker walks with a slightly flexed posture and has muscle guarding and tenderness in the lower back. Straight leg raise is positive for lower back pain only. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine L5-S1 (sacroiliac) degenerative disc disease with disc-osteophyte complex formation resulting in bilateral neural foraminal encroachment, mild facet arthrosis bilaterally at L5-S1 (sacroiliac) and to a lesser degree L4-5; physical therapy; flexeril; naprosyn and vicodin. The request was for norco 5-325mg #60 prescribed 4-22-15; fenoprofen 400mg #60 prescribed 4-22-15 and flexeril 10mg #30 prescribed 4-22-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60 prescribed 4/22/15: Upheld**

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

**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 first 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 Vicodin prior to Norco for several months along with Naproxen. There was no mention of Tylenol, Tricyclic or weaning failure. Pain score reduction with medication use was not noted. No one opioid is superior to another. The continued use of Norco on 4/22/15 is not medically necessary.

**Fenoprofen 400mg #60 prescribed 4/22/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There was no documentation of pain score reduction with medication use. Continued use of Fenoprofen is not medically necessary.

**Flexeril 10mg #30 prescribed 4/22/15:** 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 Flexeril  
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 along with NSAIDS and opioids for a prolonged period without improvement in pain or function. Continued use is not medically necessary.