

<b>Case Number:</b>	CM15-0148047		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Texas, New York, California  
 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 applicant is a represented [REDACTED], Incorporated beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 29, 2014. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve requests for Norco and Flexeril. The claims administrator referenced an RFA form received on July 15, 2015 in its determination, along with associated progress notes of July 14, 2015 and June 16, 2015. The applicant's attorney subsequently appealed. In a work status report dated August 11, 2015, the applicant was given a 30-pound lifting limitation. In an earlier work status report dated June 16, 2015, a 30-pound lifting limitation was again endorsed. It was not, however, clearly stated whether the applicant was or was not working with said limitation in place on either date. On a handwritten note dated April 14, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of chronic low back pain. Norco and tramadol were renewed, seemingly without any discussion of medication efficacy. Work restrictions were endorsed. It was not stated whether the applicant was or was not working with said limitations in place. In a handwritten note dated March 11, 2015, Norco, tramadol, and work restrictions were again renewed. No seeming discussion of medication efficacy transpired. Once again, it was not clearly stated whether the applicant was or was not working with said limitations in place. A physical therapy progress note of June 16, 2015 suggested that the applicant was, in fact, out of work and had difficulty performing activities of daily living as basic as sitting, standing, walking, lying down and bending. An earlier June 11, 2015 physical therapy progress note also acknowledged that the applicant was out of work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on physical therapy progress notes of June 11, 2015 and June 16, 2015, referenced above. Multiple handwritten medical progress notes, including those dated April 6, 2015 and April 14, 2015 were difficult to follow, not entirely legible, and failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Flexeril 10mg #30:** Upheld

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

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

**Decision rationale:** Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using another analgesic medication, Norco. Addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet supply of Flexeril at issue implies chronic, long-term, and/or daily use of the same, i.e., usage in excess of the 'short course of therapy' for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.