

<b>Case Number:</b>	CM15-0148396		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/15/2015
<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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old male, who sustained an industrial injury on 7-17-2012. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having moderate to severe degenerative disc disease with disc protrusion and lumbar 5 to sacral 1 and lumbar 4-5, central spinal stenosis and bilateral lumbar radiculopathy. Lumbar magnetic resonance imaging showed central annular tear and disc protrusion at lumbar 4-5 and lumbar 5-sacral 1, small bilateral facet joint effusion at each lumbar level and lumbar 5-sacral 1 asymmetric left endplate ridging. Treatment to date has included physical therapy, chiropractic care, acupuncture, lumbar epidural steroid injection, home exercise program and medication management. In a progress note dated 7-1-2015, the injured worker complains of severe low back pain, rated 6 out of 10, radiating down the bilateral lower extremities. Physical examination showed lower lumbar tenderness, muscle spasm and decreased range of motion. The treating physician is requesting Norco 10-325 mg #120 and Flexeril 10 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88 ,89.

**Decision rationale:** The patient was injured on 07/17/12 and presents with low back pain which radiates down both legs. The request is for NORCO 10/325 MG #120 for pain. The RFA is dated 07/08/15 and the patient is temporarily totally disabled. The patient has been taking Norco as early as 12/09/14 and treatment reports are provided from 12/09/14 to 07/01/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 05/06/15 and 07/01/15 reports indicate that the patient rated his pain as a 6/10. In this case, none of the 4 As are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The patient had a urine drug screen on 01/21/15 and 03/17/15. He was inconsistent with Hydrocodone, Hydromorphone, and Norhydrocodone. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

**Flexeril 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient was injured on 07/17/12 and presents with low back pain which radiates down both legs. The request is for FLEXERIL 10 MG #60 for muscle spasms. The RFA

is dated 07/08/15 and the patient is temporarily totally disabled. The patient has been taking Flexeril as early as 12/09/14. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." There is mild flattening of the lumbar lordosis, 2 to 3+ tenderness to palpation over the lower lumbar spine and paraspinous muscles with 2+ paraspinous spasm, a diminished range of motion, and a positive straight leg raise on the right at 30 degrees in the sitting position reproducing low back pain and sciatica. The patient is diagnosed with moderate to severe degenerative disc disease with disc protrusion and lumbar 5 to sacral 1 and lumbar 4-5, central spinal stenosis, and bilateral lumbar radiculopathy. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking this medication as early as 12/09/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Flexeril IS NOT medically necessary.