

<b>Case Number:</b>	CM15-0163501		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	08/13/2010
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 59 year old male, who sustained an industrial injury on August 13, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, chronic pain syndrome, lumbago and lumbar facet joint pain. Treatment to date has included diagnostic studies, heat, ice application, rest, exercise and medication. On July 30, 2015, the injured worker complained of low back pain rated a 2-8 on a 1-10 pain scale without medications and a 2-5 on the pain scale with medications. He reported his pain level to interfere moderately with daily activities and overall function. The injured worker reported benefit from medication, activity restriction and rest. His medications were tapered and he was noted to be doing well with the new regimen. The treatment plan included heat, ice, rest, stretching, exercise, medication and a follow-up visit. A request was made for Norco 10-325mg and Flexeril 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #55:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, 115. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (APG Insights), Winter 2007, Volume 3; Pain Management and the Use of Opioids in the Treatment of Beck Conditions in California Workers' Compensation System - CWCI June 2008.

**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 08/13/10 and presents with lumbar spine pain. The request is for NORCO 10/325 MG #55. The RFA is dated 07/30/15 and the patient's current work status is not provided. 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 04/30/15 report states that the patient has "no reported side effects." The 06/29/15 report states that the patient rates his pain as a 2-8/10 without medications and a 2-5/10 with medications. "Patient reports that the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow pt to complete necessary activities of daily living such as walking for hour, shopping, and light household chores. He continues to wean his Norco to (#55) this month." In this case, the treater has discussed all 4 A's and is attempting to wean the patient's Norco. Therefore, the requested Norco is medically necessary.

**Flexeril 10mg #90:** Upheld

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

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

**Decision rationale:** The patient was injured on 08/13/10 and presents with lumbar spine pain. The request is for FLEXERIL 10 MG #90. The RFA is dated 07/30/15 and the patient's current work status is not provided. It appears that this is the initial request for this medication. MTUS Guidelines, 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." The patient has a restricted lumbar spine range of motion, palpation of his lumbar spine elicits moderate pain in his lower back with moderate spasm, and there is crepitus worse on the left side. He is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, chronic pain syndrome, lumbago and lumbar facet joint pain. MTUS recommends the requested Flexeril for no more than 2 to 3 weeks. In this case, the request is for 90 tablets, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Flexeril is not medically necessary.