

<b>Case Number:</b>	CM15-0187504		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	08/20/2002
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This injured worker is a 70 year old female, with no date of birth noted in the medical records provided, who reported an industrial injury on 8-20-2002; and with accepted body parts of neck, head, low back and bilateral knees. Her diagnoses, and or impressions, were noted to include: internal derangement of the bilateral knees, status-post total right joint replacement and left meniscectomy, chondroplasty and lateral release, and 3 sets of Hyalgan injection in the left with improvement; discogenic lumbar condition (per 2004 magnetic resonance imaging studies) and status-post one caudal epidural and one bilateral lumbosacral transforaminal injection (2004); discogenic cervical condition with radicular component in the bilateral upper extremities (per 2006 magnetic resonance imaging); bilateral carpal tunnel syndrome, status-post decompression; and a 30 pound weight gain due to inactivity. No current imaging studies were noted. Her treatments were noted to include: hot-cold therapy; injection therapy; right trapezius trigger point injection (9-11-15); medication management; and rest from work. The progress notes of 9-11-2015 reported a follow-up visit with reports of: pain along the neck, head, low back and bilateral knees; pain that radiated to the right shoulder; an injury along the right trapezius from swimming exercises with separate claim for her shoulder; the request for trigger point injection and medication refills to be functional; that she had been doing quite well but now had a popping and clicking sensation in her shoulder and pain along the neck and trapezius area when she straightened it to go backward. The objective findings were noted to include tenderness along the right trapezius, rotator cuff and biceps tendons. The physician's requests for treatment were noted to include Norco 30-325 mg, #30, for moderate-severe pain, and Flexeril 7.5 mg, #60, for

muscle spasms. The progress notes of 5-28-2015 noted that she received Flexeril 7.5 mg, #60. No progress notes between February and November of 2014 noted Norco or Flexeril in her medication regimen. The Request for Authorization for Norco 10-325 mg, #30, and Flexeril 7.5 mg, #60, was not noted in the medical records provided. The Utilization Review of 9-22-2015 modified the request for Norco 10-325 mg, #30, to #15 for weaning; and Flexeril 7.5 mg, #60, to #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg (#30): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids (Classification), Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

**Flexeril 7.5mg (#60): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to

state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.