

<b>Case Number:</b>	CM15-0189565		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, 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:

This is a 50 year old female patient with an industrial injury date of 11-29-2011. The diagnoses include overuse syndrome, bilateral upper extremities and status post bilateral carpal tunnel releases with negative EMG studies. Per the doctor's note dated 08-04-2015, she had complaints of ongoing discomfort in her bilateral wrists and elbows. Her symptoms had been unchanged since her last appointment. Her symptoms were documented as "constant aching, throbbing discomfort in her hands with continued numbness and tingling in the hands." The physical examination revealed tenderness to palpation over the lateral epicondyle bilaterally with full range of motion, tenderness to palpation over the carpal ligament bilaterally, tenderness to palpation over the A 1 pulley of the ring finger with crepitus on range of motion. Work status (08-04-2015) is documented as "permanent and stationary." Her medications included Flexeril and Norco. Prior medications included Gabapentin, Flexeril, Tramadol and Diclofenac. She has had right shoulder MRI dated 11/10/14 which revealed rotator cuff tendinosis, bicep tendon tendinosis, AC joint arthrosis and degenerative tearing of the superior labrum and lumbar spine MRI dated 11/10/14 which revealed degenerative changes; EMG/NCS dated 11/12/14 with normal findings; cervical spine MRI. She has undergone bilateral carpal tunnel release in 2012 and left shoulder surgery. Prior treatment included physical therapy, cortisone injection to left wrist, bilateral carpal tunnel release, and topical analgesic. Medical record review indicated the treating physician discussed use of medications, side effects and the 4 A's of pain management with the patient. On 08-29-2015, the request for one (1) prescription of Norco 5-325 mg #60

was modified to Norco 5-325 mg # 45. The one prescription of Flexeril 10 mg #60 was non-certified by utilization review.

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

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

#### **One (1) prescription of Norco 5/325mg #60: Overturned**

**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 (Classification), Opioids, criteria for use.

**Decision rationale:** One (1) prescription of Norco 5/325mg #60. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Per the records provided patient had chronic bilateral wrist and elbow pain. She has objective findings on the physical examination- tenderness to palpation over the lateral epicondyle bilaterally, tenderness to palpation over the carpal ligament bilaterally, tenderness to palpation over the A 1 pulley of the ring finger with crepitus on range of motion. The patient has history of bilateral carpal tunnel release and left shoulder surgery. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Patient has also tried non-opioid medications including gabapentin and flexeril. Medical record review indicated the treating physician discussed use of medications, side effects and the 4 A's of pain management with the patient. The request for One (1) prescription of Norco 5/325mg #60 is medically necessary and appropriate for this patient to use as prn during acute exacerbations.

#### **One (1) prescription of Flexeril 10mg #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:** One (1) prescription of Flexeril 10mg #60. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although

the effect is modest and comes at the price of adverse effects." The CA MTUS chronic pain guidelines do not recommend muscle relaxants for long-term use. The need for muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of acute exacerbation or muscle spasm is not specified in the records provided. The medical necessity for One (1) prescription of Flexeril 10mg #60 is not fully established for this patient. The request is not medically necessary.