

<b>Case Number:</b>	CM15-0192820		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/12/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 50 year old male with a date of injury on 03-12-2010. The injured worker is undergoing treatment for right posterior paracentric C6 disc herniation per Magnetic Resonance Imaging dated 07-24-2014, chronic lumbar sprain-rule out disc herniation, status post left shoulder arthroscopic surgery x 3, history of alleged right shoulder rotator cuff tear, status post left carpal tunnel release on the left and posterior labral tear on MRI dated 09-04-2012. A physician noted dated 07-06-2015 documents continued neck and left shoulder pain. His pain is constant and rated about 7 out of 10 which is about the same. The neck pain radiates down both arms with weakness and numbness. Medication helps the pain. He is having more pain and less function throughout the day as he is taking Norco 3 times a day instead of 4 times a day and it helps his pain from 8 out of 10 to 5 out of 10. He only takes the Motrin as needed due to GI upset from the NSAID use. He takes Flexeril as needed. Cervical range of motion was restricted and there was tenderness over the paraspinals. Spurling's was positive on the left. There was decreased sensation and strength on the left at C5, C6, C7, and C8, normal on the right. A physician progress note dated 08-06-2015 documents the injured worker complains of cervical spine pain and left shoulder pain. Cervical spine pain is rated 7 out of 10 and is greater on the left than the right. Right shoulder pain is rated 7 out of 10. He has decreased cervical spine range of motion and there was tenderness over the paraspinals. He has positive Spurling's on the left. There was decreased strength and sensation on the left at C5, C6, C7 and C8, and was normal on the right. There was tenderness to palpation at the lumbar spine, and there was full range of motion. The neurovascular status was intact distally. He is not working. He is on Norco and he states it is helping him. Treatment to date has included diagnostic studies, medications, massage therapy, status post shoulder surgery and status post left carpal tunnel release, and physical therapy. A urine drug screen done on 03-23-2015 showed the

injured worker should have been on Cyclobenzaprine and it was not detected. The treatment plan included the medications Norco and Flexeril, pending authorization of a pain management consultation regarding possible cervical epidural steroid injections, a request for extending the authorization for physical therapy to the cervical spine at another facility, and urine toxicology. Current medications include Norco (since at least 03-27-2015) and Flexeril (since at least 03-27-2015). On 09-03-2015 Utilization Review non-certified the request for Flexeril 10mg #90 and modified the request for Norco 10/325mg #90 to Norco 10-325mg to #45.

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

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

#### **Flexeril 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Antidepressants for chronic pain.

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

**Decision rationale:** The patient presents on 08/06/15 with cervical spine and left shoulder pain rated 7/10. The patient's date of injury is 03/12/10. The request is for Flexeril 10mg #90. The RFA is dated 06/24/15. Physical examination dated 08/06/15 reveals tenderness to palpation of the cervical paraspinal muscles with decreased cervical range of motion noted in all planes, tenderness to palpation of the lumbar spine, decreased sensation in the left C5-7 dermatomal distribution, positive Spurling's test on the left, and the provider also notes positive Phalen's sign in the left wrist. The patient is currently prescribed Norco and Flexeril. Patient is currently not working. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for the continuation of Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 03/27/15. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 90 tablets in addition to prior use do not imply short duration therapy. Therefore, the request is not medically necessary.

#### **Norco 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents on 08/06/15 with cervical spine and left shoulder pain rated 7/10. The patient's date of injury is 03/12/10. The request is for Norco 10/325mg #90. The RFA is dated 07/21/15. Physical examination dated 08/06/15 reveals tenderness to palpation of the cervical paraspinal muscles with decreased cervical range of motion noted in all planes,

tenderness to palpation of the lumbar spine, decreased sensation in the left C5-7 dermatomal distribution, positive Spurling's test on the left, and the provider also notes positive Phalen's sign in the left wrist. The patient is currently prescribed Norco and Flexeril. Patient is currently not working. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress notes dated 08/06/15 does not address analgesia via a validated scale nor provide any examples of functional improvement. Addressing efficacy, the provider states: "The patient takes Norco and Flexeril. He states that the Norco is helping him." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no indication that the patient is inconsistent with his prescribed medications. However, the provider fails to specify analgesia via a validated scale, activity-specific improvements attributed to Narcotic medications, and a discussion regarding urine drug screen consistency to date. No statement indicating a lack of aberrant behavior is included, either. Without more specific functional improvements, evidence or discussion of consistent urine drug screening to date, and a statement regarding aberrant behavior, the continuation of this medication cannot be substantiated and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request is not medically necessary.