

<b>Case Number:</b>	CM15-0193210		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/20/2000
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/14/2015
<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: Arizona, 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 65 year old male who sustained a work-related injury on 6-20-00. Medical record documentation on 9-3-15 revealed the injured worker was being treated for multi-level lumbar disc disease, status post lumbar fusion and lumbar radiculopathy. He reported daily low back pain often with radiation of pain to the hips. An MRI of the lumbar spine on 3-23-15 revealed a post-surgical small disc herniation at L1-L2 above his fusion block. His medications allowed him to function independently and afford more than 50% pain relief. His medication regimen included Norco (since at least 3-2-15), Clonazepam (since at least 3-2-15), Ibuprofen, Lidoderm patches, Medrol dosepack and Flexeril (since at least 3-2-15). Objective findings included a wide-based gait. His lumbar spine range of motion was less than one half what was expected. He had tenderness to palpation over the right upper lumbar paraspinal muscles with spasms. A request for Norco 10-325 mg #90, Flexeril 19 mg #60, Clonazepam 1 mg #60 was received on 9-3-15. On 9-14-15, the Utilization Review physician determined Norco 10-325 mg #90, Flexeril 19 mg #60, Clonazepam 1 mg #60 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90/3 months: 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 for neuropathic pain, Opioids for chronic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with NSAIDS and muscle relaxants. There was no mention of Tylenol, Tricyclic or weaning failure. Future use and efficacy cannot be justified for 3 months refills. The continued use of Norco as prescribed is not medically necessary.

**Flexeril 19mg #60/3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with NSAIDS and opioids. Continued and chronic use of Flexeril (Cyclobenzaprine) with 3 additional months of refills is not medically necessary.

**Clonazepam 1mg #60/3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the Clonazepam was used for several months in combination with Flexeril. Long-term use of multiple agents used for muscle relaxation is not indicated. Continued use of Clonazepam is not medically necessary.