

<b>Case Number:</b>	CM15-0193794		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	02/06/2005
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 6, 2005. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve requests for Norco and cyclobenzaprine. The claims administrator referenced a July 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 21, 2015, the applicant reported ongoing complaints of low back pain radiating into the left lower extremity, 8/10. Norco, Ambien, Prilosec, and Celexa were renewed and/or continued. Permanent work restrictions were likewise renewed. No seeming discussion of medication efficacy transpired. It was not explicitly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. On May 20, 2015, the applicant reported ongoing complaints of low back pain radiating into the leg, heightened since the preceding visit, 8/10. Once again, Ambien, Flexeril, Norco, Prilosec, and Percocet were renewed, seemingly without any discussion of medication efficacy. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120: Upheld**

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

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

**Decision rationale:** No, the request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on office visits of May 20, 2015 or September 21, 2015, suggesting that the applicant was not, in fact, working with permanent work restrictions in place on those dates. Pain complaints as high as 8/10 were reported on both dates. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function affected as a result of ongoing Norco usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider's May 20, 2015 progress note failed to make a compelling case for concurrent usage of two separate short-acting opioids, Norco and Percocet. Therefore, the request is not medically necessary.

**Cyclobenzaprine HCL (hydrochloride) 7.5mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official disability Guidelines (ODG) Pain Procedure Summary last updated 7/15/2015 non-sedating muscle relaxants.

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

**Decision rationale:** Similarly, the request for cyclobenzaprine (Flexeril) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents to include Norco, Percocet, Ambien, etc., it was reported on office visits of May 20, 2015 and September 21, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.