

<b>Case Number:</b>	CM15-0195986		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/08/2007
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 56 year old male who sustained an industrial injury on 8-8-07. A review of the medical records indicates he is undergoing treatment for low back pain, left ankle pain, possible lumbar facet pain, obesity, chronic pain syndrome, and muscle pain. Medical records (12-24-14 to 9-9-15) indicate ongoing complaints of left ankle pain, left knee pain, and lower back pain. The treating provider indicates that his back pain has become "worse over the last few months" (9-9-15). The injured worker describes his pain as "sharp" and "aching on certain occasions". He rates the pain "8 out of 10" without medications and "5 out of 10" with medications. The physical exam (9-9-15) reveals "mild" tenderness to palpation around the paraspinal muscles of the lumbar spine. Deep tendon reflex of the right leg is "1+ and symmetric". Patrick's sign is positive on the right side. Straight leg raise is positive bilaterally. Decreased range of motion of the lumbar spine is noted. Strength of the lower extremities is noted to be "5 out of 5". Sensation is noted to be "intact but diminished in the left leg compared to the right". His gait is noted to be antalgic. The left ankle is noted to have "decrease in extension". "Mild" tenderness is noted to palpation around the medial lateral and calcaneal aspect of the ankle. All range of motion is noted to be "painful and limited". Diagnostic studies have included x-rays of the left knee and left ankle and an MRI of the left knee. A request for an MRI of the lumbar spine was made and denied authorization. Treatment has included physical therapy, a home exercise program, a brace on the left leg, aqua therapy, and medications. His current (9-9-15) medications include Norco 10-325mg three times daily, Atorvastatin, Flexeril

10mg three times daily for muscle spasm, Gabapentin 300mg three times daily, Hydrochlorothiazide 25mg every morning, Motrin 800mg three times daily as needed, Lantus 100 units per milliliter, 40 units subcutaneously at bedtime, Lispro inject 15 units before meals, Lisinopril 40mg daily, Glucophage, Metformin 1000mg twice daily, Promethazine DM as needed for cough, and Viagra 100mg as needed. The injured worker has been receiving Norco since, at least, 12-24-15 and Flexeril since, at least, 8-18-15. The utilization review (9-22-15) includes requests for authorization of Norco 10-325mg #90 and Flexeril 7.5mg #60. Both requests were denied.

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

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/9/15. Therefore, the request is not medically necessary.

**Flexeril 7.5mg, #60:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of

musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the worker has been taking this medication since at least 8/18/15. As this exceeds the recommended duration of treatment established in the guidelines, the request is not medically necessary.