

<b>Case Number:</b>	CM15-0196036		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	12/02/2005
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 12-2-2005. The medical records indicate that the injured worker is undergoing treatment for bilateral hip pain with greater trochanteric pain syndrome, bilateral knee osteoarthritis, medial meniscus tear of the right knee, status post right knee arthroscopy (2011), and chronic low back pain with degenerative scoliosis and degenerative disc disease. According to the progress report dated 8-25-2015, the injured worker presented with complaints of constant pain. She notes that she has no improvement in symptoms. The level of pain is not rated. The physical examination reveals tenderness over the L5-S1 area, tenderness over the greater trochanter, moderate limitation in back mobility, straight leg raising to 50 degrees bilaterally, and limited sensation throughout the lower extremities. The current medications are Norco, Flexeril (since at least 5-7-2015) and Vicodin. Previous diagnostic studies were not indicated. Treatments to date include medication management and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-23-2015) had non-certified a request for Norco #120 and Flexeril #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg QTY 120.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic 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 without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**Flexeril 10 mg QTY 60.00:** 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): 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 Norco without documentation of pain score reduction. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.