

<b>Case Number:</b>	CM15-0197993		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 55 year old male, who sustained an industrial injury on 12-3-2013. The injured worker is undergoing treatment for low back pain, lumbar facet disease, lumbar stenosis, and chronic pain syndrome and myofascial pain. Medical records dated 9-16-2015 indicate the injured worker complains of back pain, hip pain and knee pain. He reports previous injections have been helpful, Tramadol is not helpful and Norco relieves his pain. Pain is rated 5 out of 10 without medication and 2 out of 10 with medication. He is working light duty. Physical exam dated 9-16-2015 notes lumbar paraspinal tenderness to palpation with spasm, painful decreased range of motion (ROM), positive straight leg raise and diminished sensation in the left leg. Treatment to date has included Norco and Flexeril at times since at least 12-20-2013, Ultram, Anaprox and Protonix. The original utilization review dated 9-30-2015 indicates the request for Anaprox 550mg #60, Prilosec 20mg #60 is certified, and Norco 10-325mg #60 and Flexeril 7.5mg #60 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as norco. 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** The medical records indicate chronic condition of muscle pain with ongoing use of flexeril greater than 3 weeks. MTUS guidelines only support short-term treatment (less than 3 weeks) use of flexeril. The medical records report persistent pain without objective report of increased functionality or functional benefit in support of continued long-term treatment with flexeril. The request is not medically necessary.