

<b>Case Number:</b>	CM15-0213268		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	11/13/2006
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65-year-old female, who sustained an industrial injury on 11-13-06. The injured worker has complaints of low back, left leg and neck pain. The documentation on 8-31-15 noted that the injured workers pain level to her lower back pain as described as a severe tightness, grabbing sensation. Left leg pain seems to be radiating down the left leg and worse on the lower part of the leg. Palpation of the cervical spine was unremarkable the palpation showed moderate tenderness at the midline of C3, C4, C5, C6 and C7. Cervical flexion and extension was reduced. Thoracic spine was unremarkable and there was moderate tenderness found at the midline of T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11 and T12. The left upper trapezius and midline trapezius showed moderate tenderness. Moderate tenderness was present on the left at L3, L4, L5 and sacrum and moderate tenderness was revealed on the right at L3, L4, L5 and sacrum. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc; nerve root compression, lumbar; lumbar disc displacement and herniation and lumbar facet syndrome. Treatment to date has included norco; ibuprofen; cervical epidural injection; Tramadol and Flexeril. The injured worker has been on Flexeril since at least 3-23-15 and norco since at least 7-7-15. The original utilization review (10-16-15) non-certified the request for retrospective (date of service 8-31-15) norco 10-325mg and retrospective (date of service 8-31-15) Flexeril 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (dos 8/31/15) Norco 10/325mg: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient was injured on 11/13/06 and presents with low back, left leg and neck pain. The retrospective request is for NORCO 10/325 MG (DOS 8/31/15). There is no RFA provided and the patient is not currently working. The patient has been taking this medication as early as 01/27/15. Treatment reports are provided from 01/27/15 to 08/31/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The patient is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc; nerve root compression, lumbar; lumbar disc displacement and herniation and lumbar facet syndrome. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of specific ADLs, which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.

**Retrospective (dos 8/31/55) Flexeril 10mg #30: 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): Muscle relaxants (for pain).

**Decision rationale:** The patient was injured on 11/13/06 and presents with low back, left leg and neck pain. The retrospective request is for FLEXERIL 10 MG #30 (DOS 8/31/15). There is no RFA provided and the patient is not currently working. The patient has been taking this medication as early as 01/27/15. MTUS Guidelines, Muscle Relaxants section, pages 63-66

states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has moderate tenderness at the midline of cervical spine, reduced cervical flexion/extension, moderate tenderness found at the midline of thoracic spine, moderate tenderness at the left upper trapezius and midline trapezius, moderate tenderness on the left at L3, L4, L5 and sacrum and moderate tenderness on the right at L3, L4, L5 and sacrum. She is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc; nerve root compression, lumbar; lumbar disc displacement and herniation and lumbar facet syndrome. MTUS Guidelines do not recommend the use of Flexeril for longer than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 01/27/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Flexeril IS NOT medically necessary.