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| <b>Case Number:</b>   | CM15-0215583 |                              |            |
| <b>Date Assigned:</b> | 11/05/2015   | <b>Date of Injury:</b>       | 11/29/2005 |
| <b>Decision Date:</b> | 12/18/2015   | <b>UR Denial Date:</b>       | 10/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/02/2015 |

### 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: North Carolina, Georgia  
 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 39 year old male, who sustained an industrial injury on 11-29-2005. Diagnoses include back pain, facet syndrome, myofascial pain syndrome, lumbar spondylosis, post laminectomy syndrome, status post lumbar fusion, hardware removal and re-fusion. Treatments to date include activity modification, chiropractic therapy, acupuncture treatments, TENS use, and epidural injections. On 10-6-15, he complained of ongoing low back pain associated with radiation down bilateral lower extremities. Current medications prescribed since at least January 2015, included Norco and Flexeril, both noted to decreased pain and increase function. The record documented Norco, one tablet, onset 45 minutes with 60-80% relief in pain lasting 4-5 hours and noted increased activities of daily life with use. Flexeril was noted to decreased muscle spasm and allow for increased activity and improved rest. The 5 A's, CURES, and urine drug test were addressed and noted to be appropriate. The physical examination documented tenderness to lumbar spine and to muscles. The plan of care included prescriptions to refill Norco and Flexeril. The appeal requested authorization for Flexeril 10mg #60 and Norco 7.5-325mg #60. The Utilization Review dated 10-14-15, denied the request for Norco and modified the request to allow for Flexeril 10mg #14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** 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 CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Flexeril. This is not medically necessary and the original UR decision is upheld.

**Norco 7.5/325mg #60:** 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): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case reports pain reduction with Norco and cites general functional improvement but also reports that pain is severe. It states that he uses Norco as needed not every day yet he receives 60 pills for a month time frame, indicating at least daily use. The original UR decision approved modified refill to allow for weaning. As there is no evidence of sustained objective pain control or specific functional improvement with the medication, the record does not support medical necessity of ongoing opioid therapy with Norco. The request is not medically necessary.