

<b>Case Number:</b>	CM15-0030435		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/15/2004
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, Arizona  
 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 61-year-old male who reported an injury on 07/15/2004. The mechanism of injury was not specifically stated. The current diagnoses include lower leg pain, lumbago, lumbar degenerative disc disease, lumbar facet arthropathy and lumbar radiculitis. The injured worker presented on 02/02/2015 for a follow-up evaluation with complaints of low back pain and right lower extremity weakness. The injured worker reported 9/10 pain without medication and 5/10 pain with medication. The current pain medication allowed the injured worker to remain active and functional with activities of daily living. The current medication regimen includes Zoloft 50 mg, Celebrex 200 mg, Norco 10/325 mg and Flexeril 10 mg. Upon examination, there was tenderness at the medial aspect of the left knee, an antalgic left sided gait, morbid obesity, and no evidence of a deformity or inflammation. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/03/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Norco 10/325mg #180 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has utilized Norco 10/325 mg since at least 05/2014. There is no documentation of objective functional improvement. There was no mention of a failure of non-opioid analgesics. The request as submitted for Norco 10/325 mg with 2 refills would not be supported. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Prospective use of Flexeril 10mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. Therefore, the request as submitted for Flexeril 10 mg with 5 refills would not be supported. There is no documentation of objective functional improvement following the ongoing use of this medication. There is no evidence of palpable muscle spasm or spasticity upon examination to support the necessity of muscle relaxants. Given the above, the request is not medically appropriate.