

<b>Case Number:</b>	CM15-0035109		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Pennsylvania, Ohio, 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 48 year old male, who sustained an industrial injury on April 3, 2009. He has reported constant pain in the bilateral feet and low back pain. The diagnoses have included triple arthrodesis of the left ankle, right calcaneal fracture surgery, anxiety and depression, chronic pain syndrome, lateral epicondylitis and lumbosacral spine strain/sprain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, pain medications and work restrictions. Currently, the IW complains of constant pain in the bilateral fee and low back pain. The injured worker reported an industrial injury in 2009, resulting in chronic, constant pain in the feet and low back pain. He reported falling 30 feet from a building. He has been treated with conservative and surgical interventions without resolution of the pain. It was noted he was no longer able to tolerate social interactions or activities. He reported being very active before the accident. Evaluation on August 7, 2012, revealed continued pain. Medications were prescribed. Evaluation on January 26, 2015, revealed continued pain. Medications were prescribed. On February 7, 2015, Utilization Review non-certified a request for Norco 10/325mg #120 and Flexeril 10mg, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 12, 2015, the injured worker submitted an application for IMR for review of requested Norco 10/325mg #120 and Flexeril 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 299.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78,80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Flexeril 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.