

<b>Case Number:</b>	CM15-0041345		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 63-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of August 3, 2009. In a Utilization Review report dated February 13, 2015, the claims administrator failed to approve requests for Norco and Flexeril. The claims administrator referenced a progress note of December 30, 2015 and an RFA form of January 18, 2015 in its determination. The applicant's attorney subsequently appealed. On February 24, 2015, the applicant reported ongoing complaints of low back and knee pain, highly variable, 2-9/10. The applicant's low back pain was rated at 3/10 with medications versus 8-9/10 without medications. The applicant was on Norco and Flexeril, it was acknowledged. A pain management consultation, lumbar radiofrequency ablation procedure, Norco, Flexeril, and urine drug testing were endorsed. A pain management consultation was also proposed. The applicant's work status was not furnished. On January 13, 2015, both Norco and Flexeril were again renewed. The applicant reported 5-6/10 pain with medications versus 8-9/10 pain without medications. Norco and Flexeril were renewed. Once again, the applicant's work status was not detailed. On December 2, 2014, the applicant reported 5/10 pain with medications versus 8-10/10 pain without medications. The applicant was using Norco and Zanaflex as of this point in time, it was acknowledged. Flexeril was prescribed. Once again, the applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on numerous progress notes, referenced above, of early 2015 and late 2014. It did not appear that the applicant had returned to work. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the attending provider's failure to outline the applicant's work status and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Flexeril 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which Flexeril/cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.