

<b>Case Number:</b>	CM15-0044704		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old female patient, who sustained an industrial injury on 03/29/2012. A primary treating office visit dated 11/25/2014, reported subjective complaint of low back pain rated a 7-8 out of 10 in intensity that increased with prolonged standing, walking, twisting, bending or any heavy lifting. She notes there is occasional radiating into the lower extremities. She is currently participating in physical therapy with some noted improvement; however, she has only completed 2 of 12 sessions. The patient is not currently working. Objective findings showed lumbar spine with decreased range of motion, moderate in all planes. A straight leg raise was positive on the right with radiation to the anterior lateral thigh and over the dorsal foot. The following diagnoses are applied; two level 4mm disc herniation of the lumbar spine; radicular pain to the lower extremities, left greater; left third metatarsophalangeal joint sprain with mild tenosynovitis at the third flexor tendon per MRI of left foot performed on 08/29/2013 and slightly impaired gait secondary to back and foot injuries. Of note, the patient described having adverse reaction to Norco so her medication will be changed to Tylenol #3. The plan of care involved continuing with authorized physical therapy and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic low back pain with lower extremity radicular symptoms. Norco is referenced as decreasing pain from 8/10 down to 2-4/10. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

**Flexeril 5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) long term use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic low back pain with lower extremity radicular symptoms. Norco is referenced as decreasing pain from 8/10 down to 2-4/10. Flexeril is being prescribed on a long term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.