

<b>Case Number:</b>	CM15-0084924		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 32 year old male, who sustained an industrial injury on 10/29/13. He has reported initial complaints of stabbing pain in the abdomen and his belly button coming out after lifting heavy equipment. The diagnoses have included abdominal pain and history of umbilical hernia repair. Treatment to date has included medications, abdominal surgery with umbilical hernia repair, diagnostics and activity modifications. Currently, as per the physician progress note dated 4/7/15, the injured worker returned for follow up and states that with his medications he is able to kneel down, but he is only able to do this with his medications. He is extremely careful and tries to avoid any heavy lifting or crouching. He reports that with the medications he is able to keep his pain at a manageable level which is rated 4/10 on pain scale which is the same as the previous visits. The current medications included Norco, Colace and Flexeril. The urine drug screen dated 9/10 14 was inconsistent with medications prescribed. The objective findings revealed that he is in no acute distress and able to ambulate in dependently into and out of the exam room without limitations. The physician requested treatments included Flexeril 5mg quantity 30 and Norco 5/325mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to flexeril to justify use. The flexeril is not medically necessary.

**Norco 5/325mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. The Norco is not medically necessary.