

<b>Case Number:</b>	CM15-0087096		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 53 year old female, who sustained an industrial injury on 04/27/2012. She has reported injury to the right shoulder and low back. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; lumbosacral spondylosis without myelopathy; and sciatica. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Norco and Flexeril. A progress note from the treating provider, dated 03/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing lumbar spine pain with radiculopathy into her left greater than right lower extremities; pain is rated at 6-9/10 on the visual analog scale; and she desires to move forward with surgical correction, L3-5 fusion. Objective findings included moderately decreased lumbar range of motion, secondary to tenderness; continues to have dysesthesias into buttocks and posterior thigh bilaterally; left patellar and Achilles deep tendon reflexes continue to be hypo-reflexic; and left straight leg raise continues to be positive. The treatment plan has included the request for Norco 10/325 mg #180; and Flexeril 10 mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated as a medical necessity to the patient at this time.

**Flexeril 10 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: Flexeril is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Flexeril requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Flexeril is not indicated as a medical necessity to the patient at this time.