

<b>Case Number:</b>	CM14-0007971		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/16/1999
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61 year old male who reported an injury on 11/16/1999 secondary to an unknown mechanism of injury. He was diagnosed with a herniated nucleus pulposus with radiculopathy and received an epidural steroid injection at L5-S1 on 12/13/2012. The injured worker was evaluated on 12/19/2013 and reported 5-6/10 intermittent low back pain with spasms, and numbness and tingling in the left leg and toes. He reported that the use of Norco decreased his pain to 2/10 and the use of Flexeril decreased the frequency of the spasms. It was noted that the injured worker has used Norco since at least 01/08/2013 and Flexeril since 11/22/2013. A request for authorization was submitted on 12/19/2013 for Norco 10/325mg #120 and Flexeril 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. While the injured worker reported quantifiable pain relief with the use of this medication, there is a lack of documented evidence of detailed functional improvement with the use of this medication. Additionally, the injured worker has used Norco since at least 01/08/2013. There is no documentation in the medical records submitted for review to indicate that the injured worker has submitted to a urine drug screen to monitor for potentially aberrant drug-related behavior. As such, the request for Norco 10/325mg #120 is not medically necessary and appropriate.

**FLEXERIL 10 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

**Decision rationale:** The California MTUS Guidelines recommend Flexeril for the treatment of muscle spasms as a short course of therapy no longer than 2-3 weeks. The injured worker has used this medication since 11/22/2013. Additional use of this medication is excessive according to the evidence-based guidelines. Furthermore, while the injured worker reported decreased frequency of spasms, there is a lack of documented evidence of quantifiable pain relief and functional improvement with his use of this medication. As such, the request for Flexeril 10mg #60 is not medically necessary and appropriate.