

<b>Case Number:</b>	CM14-0129615		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/20/2006
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 & Rehabilitation, and is licensed to practice in California. 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 45-year-old male who reported a work related injury on 11/26/2006. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of cervical lumbar sprain/strain, cervical lumbar degenerative disc disease, psychiatric issues, and depressive disorder. The injured worker's past treatment, diagnostic studies, and surgical history were not provided for review. A progress note, dated 07/10/2014, had many handwritten notes, making it illegible. Within the documentation, it is indicated that there was low back radiating into the left leg. It was also noted that the injured worker wished to undergo surgery. The injured worker's medication consists of Norco and Cyclobenzaprine. The treatment plan consisted of Norco and cyclobenzaprine. The rationale for the request was not provided. A Request for Authorization form was submitted for review on 07/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60:** 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:** The request is for Fexmid 7.5mg #60. The California MTUS Guidelines recommend Cyclobenzaprine as an option, using a short course of therapy. In regards to the injured worker, within the documentation there was no mention of objective muscle spasms occurring to support the need for the cyclobenzaprine. Additionally, the injured worker has been prescribed Cyclobenzaprine for several months. However, the long term use of opioids and muscle relaxers is not supported within the guidelines. As such, the request for Cyclobenzaprine is not medically necessary.

**Norco 2.5/325 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 2.5/325 #60 is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. There is no clear documentation as to functional benefits from chronic use of Norco. The documentation does not provide clinical information that contains evidence of significant measurable subjective information and functional improvement as a result of continued opioid use. Additionally, there is a lack of documentation indicating that the injured worker has increased ability to continue activities of daily living with the use of Norco, and there is a lack of documentation indicating the adverse effects of the medication, risk assessment of the employee for drug related behavior has been addressed. Therefore, the request for Norco cannot be warranted. Furthermore, there is no indication that the continued use of Norco would have any benefit to the injured workers pain. As such, the request for Norco 2.5/325 #60 is not medically necessary.