

<b>Case Number:</b>	CM14-0129652		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/01/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/31/2014
<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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 66-year-old female was reportedly injured on February 1, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 3, 2014, indicated that there were ongoing complaints of low back pain. There was stated to be improved sleep. Current medications include Voltaren, Norco, and Flexeril. These medications were stated to be helpful and increase the ability to perform activities of daily living. The physical examination demonstrated tenderness of the lumbar spine and paraspinal muscles. There was a positive straight leg raise test bilaterally and a positive Kemp's test. There was decreased lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Norco 7.5 mg and was not certified in the pre-authorization process on July 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 7.5 G #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain and states there was improved ability to function with this medication; however, there is no objective clinical documentation of improvement in the pain nor was there evidence of improved function physical examination. As such, this request for Norco 7.5 mg is not medically necessary.

**FLEXIRIL 10 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) , Muscle relaxants (for pain) Page(s): 63-66 OF 127.

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Flexeril is not medically necessary.