

<b>Case Number:</b>	CM14-0148227		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 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:

According to the records made available for review, this is a 59-year-old male with a 12/17/12 date of injury. At the time (8/11/14) of Decision for Norco 10/325 MG #60 and Cyclobenzaprine 7.5 MG #90, there is documentation of subjective (radiating low back pain) and objective (tenderness to palpitation over the paralumbar muscles and spasm, painful limited range of motion of the lumbar spine, atrophy of quadriceps, positive straight leg raise, and absent knee reflexes) findings, current diagnoses (low back pain, lumbar disc displacement, and lumbar radiculopathy), and treatment to date (medications (including ongoing treatment with Cyclobenzaprine and Norco since 5/24/14). Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Cyclobenzaprine, there is no documentation of Cyclobenzaprine used as a second line option for short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar disc displacement, and lumbar radiculopathy. In addition, there is documentation of ongoing treatment with Norco since 5/24/14. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence Norco 10/325 MG #60 is not medically necessary.

**Cyclobenzaprine 7.5 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar disc displacement, and lumbar radiculopathy. In addition, there is documentation of ongoing treatment with Cyclobenzaprine since 5/24/14. However, despite documentation of muscle spasms, and given documentation of a 12/17/12 date of injury, there is no (clear) documentation of acute muscle spasms or exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 5/24/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of Cyclobenzaprine used as a second line option. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5 MG #90 is not medically necessary.