

<b>Case Number:</b>	CM14-0168735		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	01/17/1996
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 52 years old male with an injury date on 01/17/1996. Based on the 09/12/2014 progress report provided by [REDACTED], the diagnoses are: 1. Bilateral carpal tunnel syndrome 2. Lumbar spine herniated disc, L5-S1, with intermittent left-sided sciatica. According to this report, the patient complains of intermittent pain to the wrists with numbness and tingling. The patient notice weakness of the wrists and "sometimes drops items from his hands, occasionally. He has difficulty with writing and typing." The patient also complains of low back pain that is "constant, and varies in intensity" that radiates to the buttocks. The pain is describes as sharp, stabbing, and aching pain. Prolonged sitting, standing, walking, lifting, bending, and stooping would increase the pain. Numbness and tingling are noted at the legs, left greater than right. Exam of the left wrist reveals tenderness to palpation over the extensor digitorum communis. Exam of the lumbar spine reveals tenderness to palpation over the bilateral L5-S1 facet joint, midline and left L5-S1 region, left sciatic notch, left posterior calf and left plantar forefoot. Range of motion is limited and painful. Decreased sensation is noted over the left forefoot plantar and dorsal surface. There were no other significant findings noted on this report. The utilization review denied the request on 09/22/2014. [REDACTED] is the requesting provider and he provided treatment report dated 09/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL (Flexeril) 5mg #90 for 30 day supply with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64 63.

**Decision rationale:** According to the 09/12/2014 report by [REDACTED] this patient presents with intermittent wrists pain and constant low back pain. The treating physician is requesting Cyclobenzaprine HCl (Flexeril) 5mg #90 for 30 day supply with 3 refills. Flexeril I was first noted in this report; it is unknown exactly when the patient initially started taking this medication. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treating physician is requesting Flexeril #90 with 3 refills. Flexeril is not recommended for long term use. The treating physician does not mention that this is for a short-term use. This request is not medically necessary.

**Hydrocodone/Acetaminophen (Norco) 10/325mg #120 for 30 day supply with 3 refills:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioid Use: On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page(s): 60 61 88 89.

**Decision rationale:** According to the 09/12/2014 report by [REDACTED] this patient presents with intermittent wrists pain and constant low back pain. The treating physician is requesting Hydrocodone / Acetaminophen (Norco) 10/325 mg #120 for 30 day supply with 3 refills. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was first noted in this report; it is unknown exactly when the patient initially started taking this medication. Review of report shows documentation of ADL's. However, there were no documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No return to work and opiate monitoring are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, recommendation is not medically necessary.

