

<b>Case Number:</b>	CM14-0214119		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 worker is a 37 year old male who was injured on 11/30/2007. He was diagnosed with brachial neuritis or radiculitis, lumbar radiculopathy, cervical radiculopathy, and chronic pain. He was treated with medications such as opioids, anti-epileptics, and muscle relaxants. He was also treated with TENS and home exercises. Opioids were reportedly attempted to be weaned, but it was difficult due to opioid dependence. On 10/31/14, the worker was seen by his pain medicine physician, reporting continual low back pain with radiation to legs/feet and low back spasms. He also reported testicular pain and abdominal pain. He rated his pain as 5-6/10 on average with medications and 9/10 without medications which was unchanged over the past many months. He reported continual limitations with his activities of daily living due to the pain. Oswestry disability index was taken, revealing a 48%, suggesting severe functional disability. Physical findings showed tenderness of the lumbar area, decreased sensation of the left foot, and negative straight leg raise test. He was then recommended to continue his TENS, Norco, MS Contin, Flexeril, Neurontin, Pantoprazole, and home exercises. Tizanidine was also prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation found in the notes available for review and in particular in the most recent progress notes provided of this full review being completed to help justify the continuation of the Norco. There was no evidence to show any measurable change in function directly due to the Norco use. Also, the medications seemed to not have been helpful enough to allow the worker to return to work in any capacity. Attempts to wean were not clearly documented (how quick, which dose and frequency). Therefore, the Norco will be considered medically unnecessary and a more clear and specific wean needs to be agreed upon and implemented.

**Cyclobenzaprine 10mg quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker,