

<b>Case Number:</b>	CM14-0214259		
<b>Date Assigned:</b>	12/29/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/02/2014
<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: Arizona, California  
 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:

72 yr. old male claimant sustained a work injury on January 1, 2002 involving the low back shoulders and ankles. He had a history of a cage placement at L5- S1. He was also diagnosed with right shoulder adhesive capsulitis and right ankle strain. He had been on Norco and Duragesic patches since at least 2012. A progress note on November 17, 2014 indicated claimant was using a cane for ambulation. His pain was 4-9 / ten with medication and 10/10 without. Exam findings were notable for limited painful for range of motion of the lumbar spine, impingement findings of the right shoulder, laxity in the right ankle and muscle rigidity in the low back. Prior MRI showed an L3 - L4 fusion causing neuropathy at L4. The claimant was continued on Duragesic patches, Norco and Flexeril. He had also been on muscle relaxers for a few years. Previous exams notes similar pain response and exam findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**150 tablets of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Opioids, When to Continue Opioids; Re.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for years in combination with Duragesic without significant improvement in pain or function. The continued use of Norco is not medically necessary.

**45 tables of Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril  
Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril and other muscle relaxants for a prolonged period without improvement in pain or function. Continued use is not medically necessary.