

<b>Case Number:</b>	CM14-0214554		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/17/2014
<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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 year-old female with a 2/22/2010 date of injury. Limited information is provided for this review. According to the 11/18/14 orthopedic report, the patient presents with low back pain, but is unmotivated and absolutely unwilling to consider any treatment beyond medications and physical therapy. The orthopedist notes the patient sees a pain management physician that has prescribed Norco and a muscle relaxant. On 12/17/14 utilization review denied use of Norco and Flexeril after reviewing a progress note dated 12/8/14. The reviewer states the medication did not provide functional improvement. The 12/8/14 report was not provided for this review. The 2 medical documents provided for this review include the 1/8/15 lumbar MRI, and the 11/18/14 orthopedic consultation. There are no reports available from the pain management physician that prescribed the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for opioids. Page(s): 74- 96.

**Decision rationale:** Limited information is provided for this review. There are no reports available from the pain management physician that prescribed the medication. There are no reports provided that discuss efficacy of the Norco. The MTUS criteria for opioids, pages 74- 96, requires documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, MTUS recommends reevaluating the situation and to consider other treatment modalities. The reporting does not discuss baseline pain or function levels and the follow-up reports do not compare pain or function to baseline measurements. The MTUS reporting requirements for use of opioids has not been met. Without documentation of the medication efficacy, the request is not in accordance with MTUS guidelines. Based on the provided information, the request for Norco 5/325mg #60 IS NOT medically necessary.

**Flexeril 15mg # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Page(s): 9,8.

**Decision rationale:** Limited information is provided for this review. There are no reports available from the pain management physician that prescribed the medication. There are no reports provided that discuss efficacy of the Flexeril, and the dose/frequency or duration of use was not provided for review. MTUS Chronic Pain Medical Treatment Guidelines pg. 63-66, "Muscle relaxants (for pain)" under ANTISPASMODICS: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Dosing states: This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Flexeril. MTUS does not recommend continuing treatment if there is not a satisfactory response. Based on the available information, the request for Flexeril 15mg # 30 IS NOT medically necessary.