

<b>Case Number:</b>	CM14-0218905		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: North Carolina, Georgia  
 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:

This is a 56 year old male with a work injury dated 03/18/2012 with an injury to left shoulder. On presentation 11/18/2014 the injured worker (IW) was complaining of ongoing pain in left ankle, right knee and lower back radiating to bilateral lower extremities. He also reports numbness and tingling in bilateral upper and bilateral lower extremities. He completed 2 sessions of chiropractic therapy which worsened his symptoms. Physical exam revealed supraspinatus atrophy bilaterally, positive impingement signs left shoulder and tenderness over the left biceps. Diagnoses included: bilateral ankle sprain, cervical sprain, left hip sprain, left shoulder labral tear per MRI. The provider requested Norco 20/325 mg # 90 take one tab by mouth every 4-6 hours as needed for pain and Flexeril 10 mg # 30 one tab every night as needed for sleep. Guidelines cited were CA MTUS. On 12/23/2014 utilization review issued a decision of non-certification for Norco 10/325 # 90, noting there was no documentation of improvement while on medication. Flexeril was also non-certified as it was indicated for acute exacerbations but not on a chronic basis. Cited Guidelines were CA MTUS. The request was appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): pp 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.

**Flexeril 10mg #30 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): pp 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Flexeril This is not medically necessary and the original UR decision is upheld.