

<b>Case Number:</b>	CM15-0011439		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 injured worker is a 36 year old male, who sustained an industrial injury on 9/28/11. The injured worker had complaints of lumbar spine pain that radiates to the bilateral legs. Examination of the lumbar spine was tenderness to palpation over the lumbar paraspinal muscles with spasms; bilateral straight leg raise was positive in both lower extremities, right lower extremity at 45 degrees and left lower extremity at 60 degrees. The diagnoses have included lumbar disc herniation, status post microdiscectomy; history of depression and anxiety and bilateral knee pain secondary to lower back pain. The documentation noted that the injured worker had received authorization for a spine consultation and a lumbar spine brace which was pending delivery. According to the utilization review performed on 12/22/14, the requested Flexeril 10mg #60 and Norco 10/325 #90 has been non-certified. The CA MTUS Chronic Pain Guidelines page 63, 78-80, muscle relaxant (for pain) are recommended for a short course of therapy, limited, mixed-evidence does not allow for a recommendation for chronic use. The CA MTUS Chronic Pain Medical Treatment Guidelines used for Norco. The documentation does not support that failed trials of other first line drugs including acetaminophen and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) or that a signed pain agreement was on file at the provider's office and no evidence that a pain diary has been recommended and was being kept by the claimant and reviewed by the prescriber.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Flexeril Page(s): 41-42, 63-66.

**Decision rationale:** This patient presents with back pain, and bilateral leg pain. The treater has asked for FLEXERIL 10MG #60 on 12/8/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The patient is currently not working. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.

**Norco 10/325 #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with back pain, and bilateral leg pain. The treater has asked for NORCO 10/325MG #90 on 12/8/14. Patient has not been on opioids, and is using Kera-tek gel, and Flexeril per 11/12/14 report. For chronic opioids 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 adverse 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. The patient is currently not working. In this case, the patient has chronic back pain and is currently not taking any opioids. The treater has asked for a trial of an opiate to address the patient's chronic pain. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Given MTUS support for a trial of opiate the requested Norco IS medically necessary.