

<b>Case Number:</b>	CM15-0116032		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: New York

Certification(s)/Specialty: Emergency Medicine

### 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 55 year old female, who sustained an industrial injury on January 10, 2005. She reported neck, knee, and hip and wrist pain following a fall while walking to her car. The injured worker was diagnosed as having other, chronic post-operative pain, migraine without aura, post-laminectomy syndrome of the cervical spine, lower leg osteoarthritis, forearm arthrosis, obesity and cervical spondylosis without myelopathy. Treatment to date has included diagnostic studies, acupuncture, surgical intervention of the cervical spine and bilateral knees, physical therapy, cervical epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of continued neck, knee, hip and wrist pain as well as bilateral pain, tingling and numbness of bilateral upper extremities. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. After her fall, she required fusion in the cervical spine and medications. In 2008, she underwent gastric bypass surgery and NSAIDs were contraindicated. In 2009, she was involved in a motor vehicle accident and developed cervical spine pain. She was treated with physical therapy. She improved and was eventually taken off all pain medications. In 2011, she experienced an exacerbation of the pain. She was treated with pain medications, cervical epidural steroid injections and physical therapy. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on June 24, 2015, revealed continued neck pain with migraine headaches and pain, tingling and pins and needles sensations radiating to bilateral upper extremities exacerbated by flexion of the lumbar spine, standing, resting in the wrong position and turning the head to the left. She noted benefit with a combination of cervical epidural steroid injections and physical

therapy. She reported less benefit with just physical therapy without the injection. She described the combination of Norco, Flexeril and Diclofenac as quite helpful and has used them for over three years. It was noted during this visit that the pain was rated at 10/10 at times, 10 being the worse, constant and varying intensities with 7/10 being the normal with and described as worse than before. She also reported a disrupted sleep pattern and worsening functionality. Flexeril 10mg #90 and Norco 10/325 #120 with 2 refills were requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg 120 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 75, 78.

**Decision rationale:** The California MTUS Guidelines recommend short-acting opioids for the treatment of chronic pain. Norco is considered a short-acting opioid. However for continuing use of Norco for chronic pain management the four A's (analgesia, activities of daily living, adverse side effects and aberrant drug behaviors) should be well documented in measurable, objective forms. It was noted the injured worker used Norco for pain however it was not documented if the Norco improved their ability to perform activities of daily living and the analgesic effects were not noted. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

**Flexeril 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to California CA MTUS Guidelines Cyclobenzaprine (Flexeril) is a second line treatment secondary to high risk of adverse events. Flexeril is recommended for short-term use and to treat acute exacerbations or flare-ups. It was reported the injured worker had been using this medication for over three years with no noted improvement in functionality or the ability to perform activities of daily living and no noted decrease in pain frequency or intensity. Additionally, the request did not include dosing or frequency. Flexeril 10mg #90 is not medically necessary.

