

<b>Case Number:</b>	CM15-0119491		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	06/10/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old woman sustained an industrial injury on 6/10/2012. The mechanism of injury is not detailed. Diagnoses include cerebrovascular disease, osteoarthritis, right shoulder joint pain, reflex sympathetic dystrophy of the upper limb, hand joint pain, cervicalgia, muscle spasms, chronic pain syndrome, and pain in finger. Treatment has included oral medications and physical therapy. Physician notes dated 4/23/2015 show complaints of left hand pain with cramping. Recommendations include surgical intervention, post-operative occupational therapy, Norco, Flexeril, urine drug screen, and follow up in four weeks.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in June 2012 and continues to be treated for left upper extremity pain including at diagnosis of CRPS. Pain medications are referenced as being the only alleviating factor. When seen in April 2015, she was having increased left third finger pain and numbness. There was pain with range of motion of the fingers and nodules in the left palm and distal third finger. There was decreased strength and findings consistent with her diagnosis of CRPS. Flexeril and Norco were refilled. Flexeril had been prescribed in March 2015. Muscle relaxants have also included tizanidine and Soma. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through documentation of VAS pain scores, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Flexeril 5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in June 2012 and continues to be treated for left upper extremity pain including at diagnosis of CRPS. Pain medications are referenced as being the only alleviating factor. When seen in April 2015, she was having increased left third finger pain and numbness. There was pain with range of motion of the fingers and nodules in the left palm and distal third finger. There was decreased strength and findings consistent with her diagnosis of CRPS. Flexeril and Norco were refilled. Flexeril had been prescribed in March 2015. Muscle relaxants have also included tizanidine and Soma. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and muscle relaxants have been prescribed on a long-term basis. The request was not medically necessary.