

<b>Case Number:</b>	CM15-0120206		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/19/2013
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	05/20/2015
<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: 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 51 year old male injured worker suffered an industrial injury on 10/19/2013. The diagnoses included low back pain, clinically consistent lumbar radiculopathy and lumbar facet pain. The diagnostics included electromyographic studies and lumbar magnetic resonance imaging. The injured worker had been treated with medications, TENS unit, physical therapy and epidural steroid injections. On 5/12/2015, the treating provider reported persistent low back pain rated 7/10. The pain was worse since he hit a curb while walking. The pain radiated to the right hip but with the flare- up now, he also had right leg pain along with weakness. The right leg gives out with sharp shooting pain. He also had difficulty sleeping due to persistent pain problems. On exam there was lumbar muscle spasms and stiffness along with impaired gait. He was not currently working. The treatment plan included Norco and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 124.

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

**Decision rationale:** CA MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation provided did not include a comprehensive pain assessment and evaluation. The medical record indicated the use of Norco since at least 12/23/2014. There was no evidence of any functional improvement with the medication. There were no discussions of drug screens included in the records. The request did not include frequency or dosing. Therefore, Norco was not medically necessary.

**Cyclobenzaprine 10mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** CA MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided indicated Flexeril had been used at least since 12/23/2014. There was no evidence this medications was for an acute exacerbation of symptoms. There was also no evidenced of specific prior benefit or functional improvement. Therefore, Flexeril was not medically necessary.