

<b>Case Number:</b>	CM15-0123148		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, 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:

The injured worker is a 36 year old female who sustained an industrial injury on 2/5/13 with current complaints of neck, lower back, left shoulder, and right knee pain. Diagnoses are right knee patellofemoral dislocation, left shoulder partial rotator cuff-status post decompression, chronic cervical sprain/strain; rule out disc herniation, oblique tear of the supraspinatus tendon indicating a full thickness tear per MRI dated 7/11/13, status post left shoulder arthroscopy-2/2015. In a progress report dated 5/20/15, the treating physician notes complaints of persistent pain in the neck and lower back rated at 6/10, which is constant and getting worse. The pain goes up to her head on the right side and down her right arm. Lower back pain radiates into her right leg. Left shoulder pain is constant and rated at 4/10 with decreased range of motion. Right knee pain is rated at 6/10 and noted to be constant and worsening. Pain is better with rest and medications and made worse with weather and activities. Norco is reported to take the pain level from an 8 /10 to a 4/10. Flexeril takes pain from 8/10 to 4-5/10. Exam of the cervical spine reveals decreased range of motion, tenderness to the paraspinals and hypertonicity to the bilateral trapezius muscles. Spurling's is positive on the right. Tenderness to the suboccipital region on the right is noted. Left shoulder exam notes decreased range of motion and decreased strength of 4/5 with flexion and abduction. Exam of the lumbar spine notes tenderness to palpation and spasms. Bilateral rotation was limited due to pain. There is marked tenderness to palpation over the medial joint line of the right knee. Decreased strength is noted in the cervical spine, left shoulder, and right knee exams. The injured worker is currently not working. The treatment plan is for a second set of post-operative physical therapy to the left shoulder, Norco,

Flexeril and urine toxicology screen at the next visit. The requested treatment is Norco 10/325mg #90 with unspecified refills and Flexeril 10mg #60 with unspecified refills.

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

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

**Norco 10/325mg #90 with unspecified refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, while some pain relief is noted, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

**Flexeril 10mg #60 with unspecified refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.