

<b>Case Number:</b>	CM15-0173949		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Texas, Illinois  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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(n) 37 year old male, who sustained an industrial injury on 11-3-14. The injured worker was diagnosed as having discogenic lumbar, L3-L4 disc bulge and L5-S1 disc protrusion. Medical records indicated the injured worker last worked in March of 2015. The physical exam (3-18-14 through 7-15-15) revealed a positive straight leg raise test on the left at 60 degrees, 8 out of 10 pain and lumbar paraspinal pain. Treatment to date has included physical therapy, acupuncture, chiropractic treatments x 12 and an EMG-NCS in 8-2015 (results not provided). Current medications include Gabapentin, Naproxen and Norco and Flexeril (since at least 3-18-14). As of the PR2 dated 8-14-15, the injured worker reports persistent low back pain with left sided radiculopathy. Objective findings include a positive straight leg raise test on the left and pain across the lumbar paraspinal muscles and pain with facet loading. The treating physician requested Norco 10-325mg #90 and Flexeril 7.5mg #60. The Utilization Review dated 8-20-15, non-certified the request for Flexeril 7.5mg #60, modified the request for Norco 10-325mg #90 to Norco 10-325mg #68 and certified the request for Naproxen 550mg #60 and Gabapentin 600mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Norco 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 11-3-14. The medical records provided indicate the diagnosis of discogenic lumbar, L3-L4 disc bulge and L5-S1 disc protrusion. Treatments have included. The medical records provided for review do not indicate a medical necessity for 1 prescription for Norco 10/325mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; to discontinue opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioids at least since 11/2014 with no overall improvement. The records do not indicate the injured worker is properly monitored for analgesia (pain control), activities of daily living, and adverse effects. The request is not medically necessary.

**1 prescription for Flexeril 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 11-3-14. The medical records provided indicate the diagnosis of discogenic lumbar, L3-L4 disc bulge and L5-S1 disc protrusion. Treatments have included. The medical records provided for review do not indicate a medical necessity for 1 prescription for Flexeril 7.5mg #60. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. Flexeril (Cyclobenzaprine) is a muscle relaxant with a recommended dosing of 5-10 mg three times a day, for no longer than 2-3 weeks. The records indicate the injured worker has been using this medication at least since 11/2014. The request is not medically necessary.