

<b>Case Number:</b>	CM15-0175774		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 33 year old male, who sustained an industrial injury on 6-16-03. The injured worker was diagnosed as having post lumbar laminectomy syndrome and degeneration of lumbar intervertebral disc. The physical exam (3-10-15 through 5-5-15) revealed tightness and tenderness to palpation of the bilateral lumbosacral paraspinal muscles. Treatment to date has included physical therapy, aquatic therapy, psychiatric treatments and a TENS unit. Current medications include Diazepam, Cymbalta, Lyrica, Naprosyn and Flexeril (since at least 3-10-15) and Norco (prescribed on 5-5-15). The urine drug screen on 5-5-15 was consistent with prescribed medications. As of the PR2 dated 8-19-15, the injured worker reports pain in his lower back that periodically radiates into his left lower extremity. He rates his pain 5-8 out of 10. Objective findings include unable to walk on toes, marked loss of normal lumbar lordosis and ambulates with single point cane. The treating physician requested Flexeril 10mg #60 x 5 refills and Norco 10-325mg #240. The Utilization Review dated 8-27-15, non-certified the request for Flexeril 10mg #60 x 5 refills and Norco 10-325mg #240 and certified the requests for Senna 8.6- 50mg #60, Lyrica 75mg #60 and Naprosyn 500mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #60 with 5 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with NSAIDS and opioids. Continued use of Flexeril (Cyclobenzaprine) with 5 refills cannot be justified and is not medically necessary.

**Norco 10/325 mg #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function several months in combination with NSAIDS and muscle relaxants. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.