

<b>Case Number:</b>	CM15-0026981		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	03/14/2002
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 Jersey

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 72 year old female, who sustained an industrial injury on 03/14/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include spinal stenosis of the lumbar region, post laminectomy syndrome of the cervical spine, post laminectomy syndrome of the lumbar spine, cervical spondylosis without myelopathy, other affections of the shoulder region not elsewhere classified, sciatica, spinal stenosis in the cervical region, chronic pain syndrome, spondylosis with myelopathy to the lumbar region, degeneration of the cervical intervertebral disc, degeneration of the thoracic or thoracolumbar intervertebral disc, lumbago, and primary localized osteoarthritis to the shoulder region. Treatment to date has included multiple steroid injections to the bilateral shoulders, use of heat, medication regimen, electromyogram and nerve conduction study, and above noted surgeries. In a progress note dated 01/14/2015 the treating provider reports severe, sharp and stabbing chronic bilateral shoulder pain with associated symptoms of hand numbness bilaterally; bilateral aching, neck pain with knots noted; and severe, sharp, stabbing chronic low back pain. The treating physician requested the treatments of Norco and Flexeril noting that these medications promote sleep and adequate chronic pain relief. On 01/26/2015 Utilization Review modified the requested treatment of Norco 10/325mg with at quantity of 90 to Norco 10/325mg with a quantity of 50 between 01/18/2015 and 03/23/2015 and non-certified the requested treatments of Norco 10/325mg with a quantity of 90 between the dates of 02/13/2015 and 03/23/2015, Norco 10/325mg with a quantity of 90 between the dates of 03/13/2015 and

03/23/2015, and Flexeril 10mg with a quantity of 90 with 2 refills between 01/14/2015 and 04/22/2015, noting the California Chronic Pain Medical Treatment Guidelines (May 2009).

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

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

**Norco 10/325mg #90 (DNFB 1/18/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documented evidence that this full review was completed. Although vague reporting of improved sleep and "adequate relief" from medication use, in particular, there was insufficient documentation to show measurable functional gains and specific pain-reductions with the regular use of Norco to help justify its continuation. Therefore, the Norco will be considered medically unnecessary. Weaning may be indicated.

**Flexeril 10mg #90 with 2 refills: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was documentation which showed chronic use of muscle relaxants, including Flexeril, which is not the recommended use of this class of medication. Also, there was no evidence to support that the worker had been experiencing an acute flare and muscle spasm which might justify a short course. On the

contrary, the request was for many months-worth of pills intended for continued chronic use. Therefore, the Flexeril will be considered medically unnecessary.

**Norco 10/325mg #90 (DNFB 2/1315): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documented evidence that this full review was completed. Although vague reporting of improved sleep and "adequate relief" from medication use, in particular, there was insufficient documentation to show measurable functional gains and specific pain-reductions with the regular use of Norco to help justify its continuation. Therefore, the Norco will be considered medically unnecessary. Weaning may be indicated.

**Norco 10/325mg #90 (DNFB 3/15/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documented evidence that this full review was completed. Although vague reporting of improved

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