

<b>Case Number:</b>	CM15-0069714		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	09/26/1997
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Massachusetts

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 64 year old female, who sustained an industrial injury on 9/26/1997. The medical records submitted for this review did not include the details regarding the initial injury and prior treatments to date. Diagnoses include status post cervical spine surgery in 2003, thoracic strain, and status post lumbar surgery in 1998. Currently, the injured worker complained of new onset numbness and tingling to upper back and toes with continued neck, upper back and lower back pain. On 9/30/14, the physical examination documented diminished sensation to right lower extremity. The plan of care included continuation of medication therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 124, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8 (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury in September 1997 and continues to be treated for chronic pain. She underwent lumbar spine surgery in 1998 and cervical spine surgery in 2003. When seen, she was having ongoing spine pain. There was decreased right lower extremity sensation. Pain was rated at 8/10. Fentanyl and Norco were prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the MED is less than 120 mg per day, whether it is providing decreased pain, an increased level of function, or an improved quality of life is not documented. Therefore, continued prescribing of Norco is not medically necessary.

**Flexeril 10mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

**Decision rationale:** The claimant sustained a work injury in September 1997 and continues to be treated for chronic pain. She underwent lumbar spine surgery in 1998 and cervical spine surgery in 2003. When seen, she was having ongoing spine pain. There was decreased right lower extremity sensation. Pain was rated at 8/10. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use and is therefore not medically necessary.

**Fentanyl 25mcg quantity 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8 (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury in September 1997 and continues to be treated for chronic pain. She underwent lumbar spine surgery in 1998 and cervical spine surgery in 2003. When seen, she was having ongoing spine pain. There was decreased right lower extremity sensation. Pain was rated at 8/10. Fentanyl and Norco were prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Fentanyl is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the MED is less than 120 mg per day, whether it is providing decreased pain, an increased level of function, or an improved quality of life is not documented. Therefore, continued prescribing of Fentanyl is not medically necessary.