

Case Number:	CM13-0003857		
Date Assigned:	03/21/2014	Date of Injury:	01/10/2003
Decision Date:	04/22/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 45 year old female with a date of injury of 1/10/2003. Medical documents indicate that the patient is undergoing treatment for neck pain, low back pain, and shoulder pain. Subjective complaints (11/22/2013) include 8/10 on pain scale, back stiffness, aching, burning, spasming, throbbing, and pressure. Objective findings (11/22/2013) include pain with rotation/extension of lumbar spine, pain to cervical neck with radiation to both shoulders, and positive straight leg test. Medications have included flexeril 10mg one tab twice daily and Norco 325/10mg one tab four times daily. Medical records also indicate that Flexeril and Norco were started by ██████ in 5/9/2012 and 9/30/2010, respectively. Urine drug screening conducted on 12/11/2011, 5/10/2012, 10/1/2013, 3/8/2013, 6/4/2013, and 11/29/2013 reported an inconsistent negative for Cyclobenzaprine, Hydrocodone, Norhydrocodone, and Hydromophone. A utilization review dated 7/11/2013 partially certified a request for flexeril 10mg #20 and norco 325/10mg x two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CYCOBENZAPINE Page(s): 41-42,60-61.

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril®), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up-to-date "Flexeril" also recommends "Do not use longer than 2-3 weeks" and is for "Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions" The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which MTUS guidelines advise against. Medical records indicate that the patient has been on Flexeril since at least 5/2012, which exceeds the recommended 'short term' treatment course of 2-3 weeks. As such, the request for Flexeril 10mg is not medically necessary.

NORCO 325/10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96. Decision based on Non-MTUS Citation OFFICIAL DISABILITY
GUIDELINES (ODG), NECK AND UPPER BACK

Decision rationale: The Expert Reviewer's decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since

9/2010, in excess of the recommended 2-week limit. As such, the question for Norco 325/10mg is not medically necessary.