

Case Number:	CM13-0014057		
Date Assigned:	10/02/2013	Date of Injury:	04/01/1999
Decision Date:	01/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 physician 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:

The patient is a 64-year-old female who reported a work related injury on 04/01/1999 as the result of strain to her lumbar spine and bilateral hips. The patient presents for treatment of the following diagnoses, mechanical low back pain, and groin pain consistent with hip intra-articular process status post prior hip surgeries secondary to osteoarthritis, bilateral trochanteric bursitis, and chronic pain syndrome with associated opiate tolerance. The clinical note dated 08/30/2013 reported the patient was seen under the care of [REDACTED] for her chronic pain complaints. The provider documents the patient reports constant chronic pain. The patient's daily activities are limited secondary to pain and the patient has difficulty sleeping at night. The provider documents review of the patient's treatment since status post her work related injury. The provider documented upon physical exam of the patient, motor strength was noted to be decreased to the bilateral lower extremities, 3/5 to 4/5, upper extremity motor strength as 5/5. The patient had reduced sensation to light touch along the anterior left thigh. Range of motion of the cervical and lumbar spine was reduced in all directions. The provider has agreed to render the patient prescriptions for the following medications. Tramadol 50 mg 1 tab by mouth every 6 hours, Flexeril 7.5 mg 1 tab by mouth every 12 hours, and naproxen 500 mg 1 tab by mouth twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Opioids for Neuropathic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

Decision rationale: The current request is not supported. Review of the clinical documentation submitted evidences the patient has utilized her current medication for multiple years status post her work related injury sustained in 1999. The patient's self reporting from 06/2013 reports the patient states her pain on average is 7/10 and 8/10 to 9/10 in severity at the worst. The clinical note dated 06/26/2013 reported the patient was utilizing Norco 7.5/325 mg 5 times a day, tramadol ER 150 mg 1 time per day, and Flexeril 7.5 mg 1 time per day. The documentation provided lacks evidence to support the long-term necessity of Norco for this patient. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the clinical documents indicates this medication has been recommended for discontinuation due to lack of supportive efficacy for continued use. Given all of the above, the request for Norco 7.5/325 mg #90 is not medically necessary or appropriate.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

Decision rationale: The current request is not supported. The clinical notes evidence the patient has been utilizing Flexeril since 05/2013. The clinical notes document the patient's rate of pain averages at a 7/10 to 8/10 with the current medication regimen. The efficacy of the patient's medication regimen is questionable. In addition, California MTUS indicates, "Flexeril is recommended as an option using a short course of therapy. Review of the clinical documents indicates this medication has been recommended for discontinuation due to lack of supportive efficacy for continued use. Given all of the above, the request for Flexeril 7.5 mg #60 is not medically necessary or appropriate.