

Case Number:	CM13-0015669		
Date Assigned:	10/09/2013	Date of Injury:	07/12/2002
Decision Date:	05/05/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 64 year old man with a date of injury of 7/12/02. He was seen by his spinal disorders physician on 7/24/13 after an MRI. The note indicates that the worker had emailed the physician and asked for more medications due to increased pain but was not given more. His pain was described as 9-10/10 in the low back and left leg. He denied incontinence. His MRI showed spinal stenosis moderately severe - severe at L2-3, L3-4 and L4-5. His exam was documented as "being the same as in the previous note". His impression was severe lower back and left leg pain status post multiple previous surgeries and spinal stenosis lumbar L2-3-4 severe. An authorization for a lumbar epidural injection and EMGs was requested in addition to refills of Flexeril, Naprosyn and Norco. The medication prescriptions are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: This injured worker has chronic back pain with an injury sustained in 2002. His medical course has included numerous treatment modalities including use of several medications and surgery. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 7/13 fails to document any improvement in pain, functional status or side effects to justify ongoing use. The medical necessity for cyclobenzaprine is not supported.

NAPROSYN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: The Expert Reviewer's decision rationale: This injured worker has chronic back pain with a medical course which has included numerous diagnostic and treatment modalities including surgery and use of several medications. Per the chronic pain guidelines for chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify long-term use. He is also receiving opioid analgesics and the naproxen is not medically necessary.

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The Expert Reviewer's decision rationale: This injured worker has chronic back pain with an injury sustained in 2002. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The norco is denied as not medically necessary.