

Case Number:	CM13-0016863		
Date Assigned:	11/06/2013	Date of Injury:	07/03/2009
Decision Date:	02/07/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family Practice, and is licensed to practice in Texas. 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 55-year-old male who reported a work related injury on 7/3/09. The patient had complaints of bilateral low back pain radiating into the bilateral lower extremities with numbness and paresthesias. The patient has undergone an L4-5 fusion. The patient's medications include Norco, Neurontin, Flexeril, pravastatin, atenolol, pantoprazole, and Tramadol. The patient underwent a random urine drug screening on 7/30/13, but the results were not documented in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Flexeril 10mg: Upheld

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

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

Decision rationale: Recent clinical documentation reported that a physical exam of the patient's lumbar spine revealed restricted range of motion with positive lumbar discogenic provocative maneuvers. Nerve root tension was negative bilaterally. Muscle strength was 5/5 in the bilateral lower extremities, except 4+/5 in the left hip flexor. Sensation was decreased to light touch and

pin prick in the bilateral L5 dermatomes. It was noted the patient's Flexeril was medically necessary to treat the patient's low back spasm pain. The California Chronic Pain Medical Treatment Guidelines indicate that Cyclobenzaprine is recommended as an option, but that the treatment should be brief; it is not recommended to be used for longer than 2-3 weeks. The patient has been taking this medication since at least 2012. Guidelines further state that the addition of Cyclobenzaprine to other agents is not recommended. Given the above, the request is non-certified.

120 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

Decision rationale: Per the clinical documentation submitted for review, the patient was noted to have been taking Norco since at least 2012. It was noted this medication was medically necessary to treat the patient's failed back surgery symptoms, and with this medication, the patient's pain was 3/10; without this medication, the patient's pain was 8-9/10. The patient was noted to be able to do more activities of daily living with this medication, such as walking without a cane, walking greater than 1 block, performing personal hygiene, self care, and basic food preparations. The California Chronic Pain Medical Treatment Guidelines indicate that criteria for continuing opioids include the patient returning to work, and the patient has improved functioning and pain relief. The submitted documentation noted that the patient was permanent and stationary with open future medical treatment, yet there was no evidence given that he had returned to work. Therefore, the request is non-certified.