

Case Number:	CM13-0023740		
Date Assigned:	11/15/2013	Date of Injury:	09/15/2002
Decision Date:	01/09/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/13/2013

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 California. 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 42-year-old male who sustained an occupational injury on 09/15/2002. According to the most recent documentation submitted from 07/02/2013, the patient presents for follow-up 2 months status post L4-S1 lumbar fusion. The patient indicates he continues to have mechanical low back pain and stiffness, with his current pain level rated at 8/10 in severity. Objective documentation on that date revealed a healed surgical incision with tenderness to palpation noted over the bilateral lumbar hardware with restricted range of motion noted. The patient's diagnoses include status post right leg above the knee amputation, lumbar discogenic disease, lumbar radiculopathy, large grade II anterolisthesis L5 over S1 embracing of the L4-5 level, including significant facet joint hypertrophy, lateral recess stenosis, and nerve root effacement, chronic low back pain, and status post lumbar fusion. The patient's medications include Norco 10/325 two tablets by mouth 3 times a day, Neurontin 600 mg 2 tablets by mouth 3 times a day, and the addition of Flexeril 7.5 mg 1 by mouth 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #360: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 88.

Decision rationale: The California MTUS Guideline states hydrocodone/acetaminophen is indicated for moderate to moderately severe pain. Furthermore, for patients who are long-term users of opioids of 6 months or more, guidelines indicate patients should be reassessed at each visit for any changes in diagnoses, concomitant medications and their effects, interim treatments and their effectiveness, documented pain and functional improvement compared to baseline, adverse effects, and whether the patient appears to need a psychological evaluation or screening instrument for abuse or addiction. According to the documentation from 07/02/2013, the patient presents for follow-up, rating his current low back pain at 8/10 in severity. While the patient's reported pain level does not appear to be adequately controlled on a stable dose of long-term opiate, the medical records indicate that this patient is status post recent L4-S1 lumbar fusion surgery. In addition to this recent change in diagnosis and treatment, it is reasonable that the patient would still be experiencing an increase in pain level. Furthermore, the documentation provided for review prior to the patient's date of surgery is also positive for increased pain levels. However, given the patient's impending surgery at that time, it would be reasonable to expect difficulties managing this exacerbation of low back pain. However, the physician treatment plan on 07/02/2013 indicates the prescription for Norco 10/325 has been refilled with #360, an 8-week supply. Given that the patient is already 2 months status post lumbar fusion, the request for Norco 10/325 mg #360 cannot be supported without documented review of the 4 domains for monitoring. While it is reasonable that the patient may require chronic use of opiates for the treatment of chronic pain, this request cannot be supported due to a lack of documentation required and outlined by California MTUS. Therefore, this request is non-certified.

Flexeril 7.5mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS indicates cyclobenzaprine, or Flexeril, is recommended as an option using a short course of therapy only. Limited, mixed evidence does not allow for a recommendation for chronic use. While the documentation submitted for review from 07/02/2013 does indicate the patient has both acute and chronic complaints of low back pain that may benefit from a short course of therapy with Flexeril, the request as written is for Flexeril 7.5 mg 1 by mouth 3 times a day #180. Given that this prescription has been written with intentions for use greater than the recommendation of 2 to 3 weeks, this request cannot be supported, and is therefore, non-certified