MAXIMUS Federal Services

Case Number:	CM13-0034712		
Date Assigned:	12/11/2013	Date of Injury:	08/08/2000
Decision Date:	01/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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 Internal Medicine and Pulmonary Diseases 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 55-year-old female who sustained a workplace injury on 06/08/2000. The mechanism of injury was not documented. The patient has been seen multiple times for complaints of bilateral upper extremity to mainly focus on the elbow and bilateral wrists. The patient had been utilizing oral medications for several months to help alleviate her discomfort. As noted in the documentation dated 11/12/2013, the patient was not trying any other therapies for pain relief. The documentation does not note any significant changes throughout the various clinical visits in relation to the patient's level of pain. On her 01/23/2013 visit, it notes that the level of pain was subacromial 3 on a scale of 1 to 10. A few months later, on 11/12/2013, her pain was rated at a 4/10 bilaterally. On this date, it was noted the patient was able to decrease her Norco to 5 times a day. On the 12/10/2013 visit date, it was noted that the patient was still taking 5 tablets of Norco, as well as her Lyrica 50 mg by mouth twice a day. The physician is now requesting Flexeril 5 mg and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41, 63.

Decision rationale: Under California MTUS, it recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Flexeril itself is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Furthermore, it states that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. As noted in the documentation, the patient has been utilizing Flexeril since at least 05/2012. Throughout the documentation, there are no objective measurements stating the efficacy of the medication has significantly reduced the patient's pain level. The patient's pain has actually been noted to have gone up between 07/2013 and 11/2013. Therefore, as recommended by California MTUS Guidelines, the requested service is not considered medically necessary. Therefore, the requested service is non-certified.

Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: Under California MTUS Guidelines, it states that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain, hyperalgesia, a change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases in medications. Opioids, in this case, actually increase rather than decrease sensitivity to noxious stimuli. It is important; therefore, to note that a decrease in opioid efficacy should not always be treated by an increase in the dose, but may actually require weaning. The documentation notes the patient has been utilizing Norco since at least 05/2012. The information provided for review notes that the patient has not had a significant decrease in her pain. Rather, there was a note of her pain increasing between 07/2013 and 11/2013. Therefore, the requested service does not meet guideline criteria for the continued use of opioids. The recommendation is that the patient begins further weaning off this medication in order to prevent herself from becoming tolerant or abusive of the medication. As such, at this time, the requested service is not considered medically necessary, as it is not providing efficacy towards pain relief. The request is non-certified.