

Case Number:	CM13-0043511		
Date Assigned:	12/27/2013	Date of Injury:	07/13/2000
Decision Date:	03/06/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and 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 49-year-old male who reported an injury on 07/13/2000. The mechanism of injury was not provided. The patient was noted to be taking medications of Norco, Flexeril, and Ambien. The patient's diagnoses were noted to include chronic left sided low back pain. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated the physician was requesting Norco 5 mg and Norco 10 mg. There was a lack of documentation of the 4 A's to support ongoing usage and there was a lack of documentation supporting the necessity for 2

strengths of the same medication. Given the above, and the lack of documentation, the request for Norco 5 mg #120 is not medically necessary.

Norco 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated the physician was requesting Norco 5 mg and Norco 10 mg. There was a lack of documentation of the 4 A's to support ongoing usage and there was a lack of documentation supporting the necessity for 2 strengths of the same medication. The request for Norco 10 mg, quantity #120 is not medically necessary.

Flexeril 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 41, 64.

Decision rationale: The California MTUS guidelines state Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, 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. This medication is not recommended to be used for longer than 2 to 3 weeks. The addition of Cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide the objective, functional efficacy of the requested medication. Additionally, there was a lack of documentation indicating the necessity for a long-term usage of the medication. The patient's objective findings were noted to include tenderness at the right iliac crest and some pain with extension of the lumbar spine. The patient was noted to have fairly severe muscle spasms after working. The medication was noted to help him work. Given the lack of documentation of exceptional factors and the lack of documentation to necessitate long-term usage, the request for Flexeril 10 mg # 120 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG web version Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem

Decision rationale: The Official Disability Guidelines indicates it is for the short-term treatment of insomnia, generally 2 to 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to indicate the patient had signs or symptoms of insomnia. Additionally, there was a lack of documentation indicating the necessity for long-term usage of the medication. Given the above, the request for Ambien 10 mg, quantity 30 is not medically necessary.