

Case Number:	CM13-0045368		
Date Assigned:	12/27/2013	Date of Injury:	03/29/2006
Decision Date:	03/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 67-year-old male who reported an injury on 3/29/06. The mechanism of injury was not provided in the medical records. The patient's diagnoses included lumbar facet arthropathy, post-laminectomy syndrome, and chronic pain syndrome. His medications include Norco 10/325mg, Flexeril 7.5mg, and Cymbalta 60mg. His recent physical exam findings included tenderness over the lumbar facets bilaterally, positive facet loading maneuver, and negative straight leg raising bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

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.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include documentation of pain relief, and functional status, and should specifically address the 4 A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical

information provided indicates that the patient denied adverse effects with his medications and rated his pain at 5-6/10 with use of his medications. However, specific details regarding the patient's outcome on the medication, including his least reported pain over the period since last assessment, average pain level, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts were not provided in the documentation. Additionally, the documentation failed to address the 4 A's for ongoing monitoring, including details regarding the patient's functional status with use of the medications and any aberrant drug taking behaviors. In the absence of this documentation required by the guidelines for the ongoing use of opioid medications, the request is not supported. As such, the request is non-certified.

Flexeril 7.5mg: 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: According to the California MTUS Guidelines, cyclobenzaprine (Flexeril) may be recommended as an option for a short course of therapy. The guidelines further specify that the effect of cyclobenzaprine is greatest in the first four days of treatment, suggesting that shorter courses are appropriate. As the patient was noted to have been taking Flexeril for chronic pain related to the lumbar spine, the continued use is not supported by guidelines. As such, the request is non-certified.