

Case Number:	CM13-0046872		
Date Assigned:	12/27/2013	Date of Injury:	04/04/1997
Decision Date:	02/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/01/2013

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 Medicine, 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:

This injured worker's date of injury was 04/04/1997. He has chronic low back pain with radiation to both lower extremities. [REDACTED] note of 11/08/'13 describes the patient's low back pain with bilateral radiation as rated 3/10 in severity in intensity with medications and 8/10 intensity without medications. ROM of the lumbar spine was moderately limited secondary to pain. There was tenderness on palpation in the L4-S1 levels. Diagnosis is lumbar radiculopathy and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 81, 84 - 85, 124.

Decision rationale: This patient has long standing low back pain with radiation to the lower extremities. Norco is a combination agent containing the opioid hydrocodone plus acetaminophen. Short acting opioids may be indicated for the short term treatment of low back pain. There is evidence that in patients taking opioids for back pain, there is a significant risk of

substance abuse disorders, from 36% to 56%. In [REDACTED] note, he wrote that the patient had used someone else's medications for pain control. He was advised not to continue to use alcohol for pain relief. The request for Norco is non-certified

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 65..

Decision rationale: This patient has longstanding low back with radiation to his lower extremities. Flexiril is a muscle relaxant, specifically, it is classified as an antispasmodic. There is insufficient evidence to recommend it for chronic use in low back pain. The request for Flexiril is non-certified.