

Case Number:	CM13-0047628		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2008
Decision Date:	07/30/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 expert 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 injured worker is a 35-year-old male who reported an injury on 02/15/2008. The mechanism of injury was not provided for clinical review. The diagnoses include depressive disorder, lumbar disc displacement. Previous treatments include physical therapy, MRI, medication, and NCV/EMG. The clinical note dated 09/20/2013 reported the injured worker complained of low back pain with running. He reported increased pain with sitting and changing positions. Upon the physical examination the provider noted a positive straight leg raise at 60 degrees, tension in the lumbar spine. The clinical documentation submitted is largely illegible. The provider requested Norco, Flexeril, naproxen for inflammation and pain. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NORCO 10/325 MG #60 DOS: 9/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The injured worker complained of low back pain with running. He complained of increased pain with sitting and changing positions. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker had been utilizing the medication since at least 09/2013. The request submitted failed to provide the frequency of the medication. Therefore, the retrospective request for Norco 10/325 mg #60 is not medically necessary.

RETROSPECTIVE FLEXERIL 7.5 MG #60 DOS: 9/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63-64 Page(s): 63-64.

Decision rationale: The injured worker complained of low back pain with running. He complained of increased pain with sitting and changing positions. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer for than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. There is lack of significant objective findings indicating the injured worker was treated for muscle spasms. The injured worker had been utilizing the medication for an extended period of time, since at least 09/2013, which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request for Flexeril 7.5 mg #60 is not medically necessary.

RETROSPECTIVE NAPROXEN 550 MG #60 DOS: 9/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, SPECIFIC DRUG LIST AND ADVERSE EFFECTS Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 67-68 Page(s): 67-68.

Decision rationale: The injured worker complained of low back pain with running. He complained of increased pain with sitting and changing positions. The California MTUS Guidelines state naproxen is a non-steroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines also recommended NSAIDs at the lowest dose for the

shortest period of time in patients with moderate to severe pain. There is lack of documentation indicating the injured worker had signs or symptoms or was treated for osteoarthritis. It appears the injured worker had been utilizing the medication since at least 09/2013. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the retrospective request for naproxen 550 mg #60 is not medically necessary.