

Case Number:	CM13-0047909		
Date Assigned:	12/27/2013	Date of Injury:	11/24/2001
Decision Date:	03/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in 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 63 year old male who reported an injury on 11/24/2001 after he was rolling a dolly uphill which reportedly caused injury to his low back. The patient ultimately underwent fusion of the L4-5 and L5-S1 levels in 2001 followed by hardware removal. The patient's chronic pain has been managed by a spinal cord stimulator unit and multiple medications. The patient's most current medication schedule included Flexeril 7.5 mg, Dulcolax, Duragesic patch, gabapentin 600 mg, hydrocodone/APAP 10/325 mg, and Pamelor 50 mg. The patient was regularly monitored with urine drug screens that were consistent with the patient's medication schedule. The patient's most recent clinical examination findings included tenderness to palpation throughout the lumbar paraspinal musculature and left trapezius muscle with a normal gait and negative straight leg raising test. The patient had positive muscle spasms throughout the lumbar paraspinal musculature. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Muscle Relaxants Page(s): 63.

Decision rationale: The requested Flexeril 7.5 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short durations of treatment. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. As California Medical Treatment Utilization Schedule only recommends these types of medications for a 2 to 3 week period to assist with acute exacerbations of pain or muscle spasming, continued use would not be indicated. Additionally, there was no evidence of exceptional factors that would support extending treatment beyond guideline recommendations. As such, the requested Flexeril 7.5 mg is not medically necessary or appropriate.

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 On-Going Management.

Decision rationale: The requested Norco 10/325 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of opioids in the management of the patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does support that the patient is regularly monitored for aberrant behavior. Additionally, it is noted within the documentation that the patient's medication schedule allows the patient to perform activities of daily living in the home and provide self care. The patient's opioid induced constipation is managed with Dulcolax. However, the clinical documentation submitted for review does indicate that the patient has 6/10 to 7/10 pains. There is no indication whether this is with medications or without medications. Therefore, the efficacy of this medication cannot be determined. As such, the requested Norco 10/325 mg is not medically necessary or appropriate.