

Case Number:	CM13-0048945		
Date Assigned:	12/27/2013	Date of Injury:	11/24/1999
Decision Date:	03/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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 Illinois. 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 who reported an injury on 11/24/1999. The mechanism of injury was not provided within the medical records; however, the resulting injuries were to her lumbar spine. Initial treatment included medications, activity modifications, physical therapy and massage. The patient continued to complain of lower back pain and was being treated by her family care physician, who prescribed medications and chiropractic care, both with benefit. The patient's symptoms continued to persist, and she received a lumbar laminectomy and discectomy at L5-S1 on 11/09/2005. X-rays on an unknown date, showed grade I spondylolisthesis at L5-S1 with narrowing of the joint space. An MRI performed on 10/10/2005, revealed a diffuse 5 mm disc bulge with prominent broad-based protrusions at the level of L5-S1 with moderate to severe bilateral neural foraminal narrowing. There was also some indication of possible impingement of the right descending S1 nerve root between the disc herniation and the right facet joint. The patient more recently underwent a spinal cord stimulator implantation that provided significant pain relief to her lower back and bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg, 30 count, two bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids in the treatment of chronic pain. The Chronic Pain Medical Treatment Guidelines recommend that pain should be assessed at each visit, functioning should be measured at 6 month intervals using a numerical scale or validated instrument, and medication compliance should be monitored by the use of urine drug testing according to the results of a risk stratification exam. A pain assessment should include the patient's current pain levels, the least reported pain since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for the pain relief to begin and how long the pain relief lasts. The clinical information submitted for review, did not have a thorough pain assessment since 03/2013. There was also no submission of a urine drug screen or recent functional ability measurements. Without the recommended objective information, the medical necessity and guideline compliance cannot be determined. The request for Norco 7.5/325 mg, 30 count, two bottles, is not medically necessary or appropriate.

Norflex 10 mg, 100 count, one bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guideline recommend nonsedating muscle relaxants as a second-line option for the short-term treatment of acute exacerbations of pain, in patients with chronic low back pain. Norflex, in particular, has a high risk for abuse; and as all muscle relaxants, the efficacy of this medication appears to diminish over time. Furthermore, it is noted in the 10/29/2013 clinical note, that the patient no longer required Norflex. Without information regarding the length of use of this medication, as well as clarification of the clinical note stating that she no longer required this medication, the request is not indicated at this time. The request for Norflex 10 mg, 100 count, one bottle, is not medically necessary or appropriate.