

Case Number:	CM13-0055079		
Date Assigned:	04/16/2014	Date of Injury:	06/08/2000
Decision Date:	05/23/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 claimant sustained a work injury on 6/8/2000 resulting in chronic back pain. He underwent a L4-L5 decompression and had a persistent extradural defect in with foraminal encroachment at L5-S1. He had a diagnosis of a failed back syndrome and used an intrathecal pump for pain management. He had been on Oxycontin and Norco as well for pain control since at least April 2013. An examination note on 10/29/13 indicated the claimant had 4-5/10 pain and 9/10 pain without medication. Objective findings included limited range of motion of the lumbar spine, paraspinal tenderness and altered sensation in the lower extremities. The treating physician requested refill on Norco, Anaprox, Fexmid and Oxycontin at the time. A more recent note on 1/21/14 indicated the same pain scores with and without medications. The exam note had similar findings as 3 months prior. The same medications were continued. In the interval he had continuation of the intrathecal pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

Decision rationale: According to the MTUS guidelines: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the claimant had been on the medication for over 3 months and continued use is not medically necessary.

NORCO 10/325MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for a year with no improvement in pain scale. The continued use of Norco is not medically necessary.