

Case Number:	CM13-0057884		
Date Assigned:	03/28/2014	Date of Injury:	09/06/2013
Decision Date:	07/02/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/26/2013

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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 32 year old male with a work injury dated 9/6/13. His diagnoses include left shoulder pain, mid back pain, and low back pain with cervical, thoracic and lumbar contusion. The requests under consideration are for the medical necessity of Flexeril, Norco, and Elavil. There is a 1/28/14 primary treating physician progress report that states that he returns with persistent pain in his thoracic area. He states that this bothers him the most. It goes over the left shoulder. His left shoulder has not been doing too badly. His low back pain has been tolerable. When he uses the Norco, it helps but it helps for a short period. The other day, he had a flare-up and he took 4 Norcos and that helped him quite a bit. The Relafen has been quite helpful throughout the day. Baclofen helps with his muscle spasms. He is not working but he is walking about 20 to 30 minutes every day. He is stretching his arms and legs. His medications on this date included Norco, Relafen and Baclofen. On examination he had palpatory tenderness in the thoracic area. He had full range of motion in the left shoulder though. Inspection within normal limits. He has some myofascial pain points in his mid thoracic area on the paraspinal muscles. There is a document dated 9/9/13 which states that states that the patient has mid and low back pain. He states that he took 12 Norco tablets the day prior. He takes Flexeril, Naprosyn, and Robaxin. The physical exam states that he is in moderate to severe distress and moves slowly. On exam there is full cervical range of motion. The reflexes and strength in the upper extremities are full and within normal range. There is a negative Spurling sign. There is moderate pain and spasm in the thoracic paraspinals. The lumbar spine has palpable spasm. There is some decreased range of lumbar motion. The reflexes, strength are full and within normal range. The straight leg raise is negative. The plan included stopping Robaxin, instruction on proper use of Norco, adding Elavil and continuing Flexeril. Per documentation a Primary

Treating Physician's Progress Report dated 09/30/13, the patient returned for follow-up. On exam palpation revealed mild pain on palpation of the paraspinal back. There was sharp, stabbing pain at the mid back and left low back. Rare left leg pain to left buttock with no leg pain noted. The patient was uncomfortable and moved slowly. On exam there was pain on the paraspinal muscles, bilaterally. Range of motion was normal. Spurling's test was negative. Deep tendon reflexes and muscle strength of the upper extremities were normal. Mid back examination revealed moderate pain over the bilateral paraspinal muscles and point tenderness at the midline at T 9, Lumbar spine examination revealed range of motion of 70 degrees forward flexion, 10 degrees extension, 25 degrees bilateral lateral rotation, 25 degrees right lateral movement, and 35 degrees left lateral movement. There was severe tenderness of the bilateral lumbar paraspinal muscles. Deep tendon reflexes were intact. Straight leg raise was negative at 90 degrees bilaterally. Muscle strength of the lower extremities was normal. Per documentation a Primary Treating Physician's Progress Report dated 09/30/13, x-rays of the cervical, thoracic, and lumbar spine dated 09/06/13 documented normal findings. There was no objective interpretation of the x-ray results attached in the medical report submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM Guidelines, Low Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: The guidelines state that this medication is not recommended to be used for longer than 2-3 weeks and is recommended as an antispasmodic for a short course of therapy. The documentation submitted reveals that the medication has been used more than the recommended guideline period of time and refilled without objective documentation significant functional improvement on prior Flexeril use. The request for Flexeril 10mg #30 is not medically necessary.

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The guidelines state that opioids should be continued if the patient has improved function and pain. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no evidence of a signed formal pain contract which the MTUS recommends as well. The request for Norco 10/325 #60 is not medically necessary.

ELAVIL 25MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 15.

Decision rationale: Elavil can be used per the MTUS Chronic Pain Medical Treatment Guidelines for the use of depression and for neuropathic pain. The documents submitted reveal that when the patient was using this there were no subjective or objective findings to suggest either depression or neuropathic pain. Therefore, the request for Elavil 25mg #60 is not medically necessary.