

Case Number:	CM14-0108472		
Date Assigned:	08/01/2014	Date of Injury:	09/03/2008
Decision Date:	10/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 Emergency 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 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 42-year-old male who reported an injury on 09/03/2008. The mechanism of injury reportedly occurred when he jumped from scaffolding that was giving way to a rooftop landing. His diagnoses included discogenic lumbar condition with radicular components and facet inflammation at multiple levels, ankle joint inflammation and peroneal tendon tenosynovitis, depression, and a sleep disorder. His treatments included physical therapy, epidural injections, cognitive behavioral therapy, and orthotics. His diagnostics included MRIs of the back. His surgery included an ankle surgery. On 05/27/2014, the injured worker complained of pain no matter what he does in terms of activity. He had persistent low back and leg pain. The physical examination revealed that his movements were very guarded and rigid and no further exam was done due to his hostility. His medications included Norco 10/325 mg and Flexeril 10 mg. The treatment plan was Flexeril 10 mg quantity 60 and Norco 10/325 mg quantity 60. The rationale for the request and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: Based on the clinical information submitted for review, the request for Flexeril 10 mg quantity 60 is not medically necessary. As stated in the California MTUS Guidelines, Flexeril is recommended as an option for use as a short term therapy lasting no longer than 3 weeks. Its effect is greatest in the first 4 days of treatment, which suggests a short term use. The effectiveness seems to diminish over time, and prolonged use of some medications in this class may lead to dependence. Muscle relaxants show a lack of benefit beyond NSAIDs in pain and overall improvement. The injured worker reported persistent low back pain and leg pain. It was noted that he has been on Flexeril for more than a few months; however, the guidelines indicate that Flexeril should not be used longer than 3 weeks. It was noted in the clinical documentation that the injured worker continued with considerable low back pain and there was a lack of documentation that showed that the medication was helping relieve some of his pain. There was a note that showed that the injured worker was taking Naprosyn but it is unclear if he had any pain relief with that medication which the guidelines indicate that muscle relaxants show a lack of benefit beyond NSAIDs in pain and overall improvement. The request failed to provide the frequency of the medication as prescribed. As such, the request for Flexeril 10 mg #60 is not medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78, 80.

Decision rationale: Based on the clinical information submitted for review, the request for Norco 10/325 mg quantity 60 is not medically necessary. As stated in the California MTUS Guidelines, long term effectiveness of opioids for chronic back pain is unclear, but they seem to be effective but limited for short term pain relief. Ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit which includes current pain at the time of visit; 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. The injured worker reported persistent low back pain and leg pain. It was noted that he had been taking Norco for at least several months. The guidelines indicate that there should be documentation of appropriate medication use which includes a recent urine drug screen with results; however, there was a lack of information that stated that the injured worker had a recent urine drug screen done. Also, it is required that the physician perform a detailed pain assessment at every visit but the information submitted for review lacked the least reported pain over the period since the last assessment, his average pain, the intensity of pain after taking the opioid, how long it took for pain relief, and how long the pain relief lasted. The request failed to provide the frequency of the medication as prescribed. As such, the request for Norco 10/325 mg #60 is not medically necessary.

