

Case Number:	CM14-0014823		
Date Assigned:	02/28/2014	Date of Injury:	04/04/2000
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 58-year-old female who reported an injury on 04/04/2000; the mechanism of injury was not provided within the submitted medical records. Urine specimen collected on 07/03/2013 revealed the reported medications prior to testing included amitriptyline, Butrans, Elavil, Flexeril, lorazepam, Norco, Percocet, Arthrotec, atenolol, omeprazole, Prilosec, Topamax, trazodone, Ventolin, Wellbutrin, and pramipexole. The test revealed inconsistent results that included a negative screening for lorazepam, Norco, and Percocet. Within the clinical note dated 01/23/2014 the injured worker reported a good response from a right transforaminal epidural steroid injection with 80% relief. The injured worker reported as being able to function much better and was able to clean up around the house without having to sit every 15 minutes. The injured worker further reported no further utilization of Norco for back pain. The physical exam revealed myofascial spasms of the mid and lower back with tenderness to palpation of the lumbar spine. Flexeril was reported to be prescribed for myofascial spasms and Norco 10/325 twice a day for breakthrough pain. The Request for Authorization was not submitted within the provided medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG. 3 TIMES A DAY # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril^{1/2}), Page(s): 41-42.

Decision rationale: The CA MTUS recommends cyclobenzaprine for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. It has been documented that the injured worker has been utilizing Flexeril for an extended amount of time and was not documented the efficacy of the medication and the report from the injured worker the results without taking the medication as while using the medication produced positive spasms during the physical exam. Hence, the request is not medically necessary.

NORCO 10/325 MG. TWO TIMES A DAY AS NEEDED # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to reflect a frequency suitable for test results that in the past have been inconsistent. The guidelines would recommend more frequent testing if there were no reasons for the skewed testing and possible termination of utilizing the medication. In addition, within the clinical notes the injured worker has reported 80% relief from a transforaminal epidural steroid injection and is not stated within the documentation why there has not been a tapering or the medical necessity documented to continue the medication. The injured worker had not reported acute flare ups of pain and the scheduled follow-up appointment is within the expected therapeutic duration of the injections. Without a documentation of additional urine drug screens that are consistent with expected results, documentation of discussions with the injured worker that details the reasons for the unexpected findings from the drug screens, and why opioids are being prescribed when the injured worker claimed they no longer needed them the request cannot be supported by the guidelines at this time. Hence, the request is not medically necessary.