

Case Number:	CM14-0111510		
Date Assigned:	09/19/2014	Date of Injury:	06/25/2010
Decision Date:	11/14/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 injured worker is a 56 year old female who reported an injury on 06/25/2010. The mechanism of injury was cumulative trauma. Her diagnosis is chronic lumbosacral strain. The past therapies for this injured worker included a TENS unit and medications. The clinical note on 01/27/2014 noted the patient had severe lumbar pain rated 6-7/10 which radiated into her left leg and foot. She stated her knees have been giving out requiring her to use a walker. The 07/16/2014 clinical note indicated the patient reported her pain to be severe in the low back rated 7/10. An extensive evaluation of 03/27/2014 revealed a wide-based and antalgic gait, decreased range of motion of the lumbar spine, a positive straight leg raise, and pain during range of motion testing. The home medication regimen includes Norco 10/325 and Flexeril 10 mg. There is the earliest documentation of these medications was a note for refill in January 2014. As recommended by the provider in the note of 03/27/2014 a treatment plan included facet injections with possible radiofrequency ablation, further diagnostic studies, and a weaning program so the injured worker could be changed to an unspecified non-narcotic medication for pain control. The rationale for the request is for pain control and to relieve muscle spasms. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use Chapter, On-Going Management Section Page(s): 78.

Decision rationale: The request for Norco 10/325mg #100 is not medically necessary. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker reported pain levels of 7/10 in the 01/2014 and 07/2014. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is no documentation demonstrating the injured worker was assessed for adverse side effects. There is a lack of documentation indicating the injured worker has undergone a urine drug screen in order to determine whether the injured worker is compliant with her full medication regimen. The submitted request is for Norco 10/325mg; therefore, clarification would be needed. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Norco 10/325mg #100 is not medically necessary.

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Chapter, Cyclobenzaprine Page(s): 64.

Decision rationale: According to the California MTUS guidelines Flexeril, is recommended for a short course of therapy. The mechanism of action for these agents is not known. The medication is used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. This medication is not recommended to be used for longer than 2-3 weeks. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. Per the documentation the injured worker has been prescribed Flexeril since at least 01/27/2014. Continued use of this medication would exceed the guideline recommendation for short term use. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in

order to determine the necessity of the medication. Therefore, the request for Flexeril 10 mg #30 is not medically necessary.