

Case Number:	CM14-0111585		
Date Assigned:	08/01/2014	Date of Injury:	04/05/2012
Decision Date:	10/07/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 49 year old male who injured his low back on 04/05/12. He suffered both a lifting injury, but also a slip and fall injury. The injured worker describes the injury is actual a slip and twist without a fall. He has been treated with rest, medications, physical therapy, both land based and aquatic based. He had an EMG/NCV of his lower extremities on 10/02/12 documenting acute right L5 radiculopathy. A second MRI of the lumbar spine on 11/16/12 identified many of the same findings, but also chemical irritation of the right S1 nerve root. He is status post bilateral decompressed lumbar laminectomy of the L4, decompression of the cauda equine on 01/08/13. The most recent documentation submitted for review is dated 06/11/14. He presents with primary complaints of low back, bilateral buttock and bilateral lower extremity pain. The character of his pain is constant and quality of pain is sharp. Intensity of pain is 3/10 on VAS. Aggravators of pain include inactivity or an uncomfortable bed. Alleviators have included water therapy. Past surgical history status post bilateral L4 laminectomy and decompression. Status post left knee meniscectomy. Status post vasectomy. Current medication omeprazole 40 mg once a day, Motrin as needed. Norco 10/325 as needed. Flexeril 10 mg as needed. Physical examination well developed, well-nourished male in no acute distress. He is slow to arise from a chair. He walks with an antalgic gait favoring his right lower extremity. The injured worker was able to heel and toe walk. He is able to complete a deep knee bend. He had a well healed midline lumbar scar measuring approximately 6 inches in length and went through his low back between his gluteal folds. He had marked loss of lumbar lordosis. There is multiple myofascial trigger points in the lumbar paraspinal muscles. His posture was angled forward at the waist. He had pain with any lumbar extension. He was able to climb on the examining room table. He had a positive seated straight leg raise on the left that was significant for pain through the calf, posterior thigh into the back. This was negative on the right. Reflexes

are 2+ in the knees, 2+ in the right ankle and absent left ankle. There was no EHL weakness. Sensation is significant for hypoesthesia bilaterally in the S1 dermatome. Diagnosis lumbar post laminectomy syndrome, lumbar degenerative disc disease, bilateral lower extremity radiculopathy left greater than right at S1, diffuse regional myofascial pain, chronic pain syndrome with both sleep and mood disorder. Prior utilization review on 06/26/14 was non-certified. Current request is for Norco 10/325 #60 x 1 refill, cyclobenzaprine 10 mg #60 x 5 refills. The documentation submitted did not show any VAS scales with and without medications, there is no documentation of functional benefit from these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab)Opioids. Decision based on Non-MTUS Citation Opioids and Chronic Neuropathic Pain, Kathleen M. Foley, M.D. N Engl J Med 2003; 348:1279-1281 March 27, 2003

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore the request is not medically necessary.

Cyclobenzaprine 10mg #60 x 5 Refills: Upheld

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

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients

with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore the request is not medically necessary.