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| Case Number: | CM14-0114501 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 05/21/2007 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 07/22/2014 |

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 and Rehabilitation 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:

This is a 56 year old male with a 5/21/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/4/14 noted subjective complaints of lumbar pain. Objective findings included neck and back tenderness, decreased ROM lumbar spine. There was normal motor strength and symmetric reflexes. It is noted in 2/21/14 progress report that the patient is on flexeril, norco, and motrin. Diagnostic Impression: lumbar disc disease Treatment to Date: medication management A UR decision dated 6/24/14 denied the request for flexeril 10 mg #30. Based on the clinical documentation, the claimant has exceed the 2-4 window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. It also denied Norco 10/325 mg #150. There is no clear documentation regarding the functional benefits of any substantial functional improvement obtained with the continued use of narcotic medications. It also denied motrin 800 mg #90. There is no documentation that monitoring recommendations have been performed. There is no indication that the claimant cannot utilized the ready available over-the-counter formulation of this medication if needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, from the documents available for review, the patient has been on Flexeril for at least 5 months, if not more. Muscle relaxants are not recommended for chronic use given its lack of efficacy as well as the risk for dependence. Furthermore, there is no clear documentation of objective improvement specifically derived from the use of flexeril. Therefore, the request for Flexeril 10 mg #30 was not medically necessary.

Motrin 800 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, NSAIDs

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, given the 2007 date of injury, it is unclear how long the patient has been on NSAIDs. There is no mention of any recent, acute exacerbation of the patient's back pain. The guidelines state that there is no evidence of long-term effectiveness for pain or function. Therefore, the request for Motrin 800 mg #90 was not medically necessary.

Norco 10/325 mg, #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2007 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #150 was not medically necessary.