

Case Number:	CM14-0118028		
Date Assigned:	08/06/2014	Date of Injury:	11/10/1997
Decision Date:	09/23/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 67 years old male with an injury date on 11/10/1997. Based on the 07/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic back pain 2. Lumbar disk disease 3. Facet joint syndrome 4. Lumbar nerve root irritation, L5-SL 5. Radiculitis in left leg. According to this report, the patient complains of back pain that radiates down the left leg, to the medial ankle with numbness and paresthesias. The patient experiences a flare-up of the back and had to stay in bed for 5 days. "Examination findings have not changed." Lumbar range of motion is moderately restricted. Tenderness and spasm are noted at the left paralumbar region. Positive straight leg raise on the left is noted with reduced reflexes at the left knee. Weakness is noted with dorsiflexion of the left ankle. The 04/26/2014 report indicates "with Norco, his pain relieved from a level of about 8/10 without the medication to 4-5/10 with medication. Pain relief start in about hour and last for about 2 hours at least." "Urine drug screens are performed with satisfactory results." The UDS (Urine Drug Screen) report was not included in the file for review; the date of the screen is unknown. There were no other significant findings noted on this report. The utilization review denied the request on 07/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/2014 to 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Muscle relaxants Page(s): 64,63.

Decision rationale: According to the 07/03/2014 report by [REDACTED] this patient presents with back pain that radiates down the left leg, to the medial ankle with numbness and paresthesias. The treater is requesting Flexeril 10 mg #30. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP (Low Back Pain). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Flexeril #30 and this medication was first noted in the 01/16/2014 report. Flexeril is not recommended for long term use. Therefore, the request of Flexeril 10mg #30 is not medically necessary and appropriate.

Norco 5/325mg #36: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (Use of Opioids in musculoskeletal pain) and Opioids, criteria for use of opioids Page(s): 60, 61, 88, 89, 801-81.

Decision rationale: According to the 07/03/2014 report by [REDACTED] this patient presents with back pain that radiates down the left leg, to the medial ankle with numbness and paresthesias. The treater is requesting Norco 5/325 mg #36. Norco was first mentioned in the 01/16/2014 report. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs (Activities of Daily Living), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, some outcome measures and documentation of pain assessment using a numerical scale describing the patient's pain are provided. There were mentions of the UDS with "satisfactory results." However, there are no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of Norco. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore, the request of Norco 5/325mg #36 is not medically necessary and appropriate.

