

Case Number:	CM14-0137446		
Date Assigned:	09/05/2014	Date of Injury:	06/03/2002
Decision Date:	10/02/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 6/3/02 date of injury. At the time (8/13/14) of request for authorization for Ultracet 50mg #90 and Flexeril 7.5mg #60, there is documentation of subjective (chronic severe low back pain radiating to the right leg with numbness, tingling and weakness) and objective (restricted lumbar range of motion, lumbar paravertebral muscle spasm and localized tenderness over the lumbar facet joint at L4-5 and L5-S1 levels, and weakness with plantar flexion) findings, current diagnoses (lumbar disc protrusion, lumbar spondylosis, right-sided L5-S1 lumbar radiculopathy, probable right peroneal neuropathy, lumbar facet syndrome, and chronic myofascial pain syndrome), and treatment to date (ongoing therapy with Flexeril). In addition, medical report identifies a request to start Ultracet. Regarding Ultracet 50mg #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and the intention for short term use (5 days) in acute pain management. Regarding Flexeril 7.5mg #60, there is no documentation of acute exacerbation of chronic low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, specific drug list

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states Ultracet is indicated for short-term use (5 days) in acute pain management. Within the medical information available for review, there is documentation of diagnoses of lumbar disc protrusion, lumbar spondylosis, right-sided L5-S1 lumbar radiculopathy, probable right peroneal neuropathy, lumbar facet syndrome, and chronic myofascial pain syndrome. In addition, there is documentation of a request to start Ultracet. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of chronic pain, there is no documentation of the intention for short-term use (5 days) in acute pain management. Therefore, based on guidelines and a review of the evidence, the request for Ultracet 50mg #90 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar disc protrusion, lumbar spondylosis, right-sided L5-S1 lumbar radiculopathy, probable

right peroneal neuropathy, lumbar facet syndrome, and chronic myofascial pain syndrome. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Flexeril, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flexeril. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg #60 is not medically necessary.