

Case Number:	CM14-0142860		
Date Assigned:	09/10/2014	Date of Injury:	05/20/2008
Decision Date:	11/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 50-year-old female who reported an injury on 05/20/2008. Reportedly, the injured worker worked as a packer. She stated that over time, she developed pain in her back. The injured worker's treatment history included MRI studies of her lower back, electro diagnostic studies, surgery, medications, epidural steroid injections, and x-ray studies. The injured worker had a urine drug screen on 08/07/2014 that was negative for opioid usage. The injured worker was evaluated on 08/25/2014 and it was documented the injured worker complained of lower back pain along with her bilateral leg symptoms. The provider noted that he submitted an Request for Authorization form that requested for authorization for Norco and Flexeril on 07/14/2014 without any response so far, which would exceed the timeframe for response for utilization review. It was noted the injured worker currently taking 24 tabs of Norco 10/325 mg per day for pain control as well as Flexeril for muscle tightness. Physical examination lumbar spine revealed the injured worker stooped forward significantly. The range of motion of the lumbar spine showed flexion of 45 degrees, extension of 0 degrees, rotation of 25 degrees, and lateral bending of 15 degrees. There was moderate plus tenderness over the surgical scar on the midline with some tenderness that extends to the thoracic spine and even to the neck. There was moderate plus tenderness in the paraspinal muscles. There was moderate plus tenderness at the right sacroiliac joint and moderate at the left sacroiliac joint. There was moderate tenderness at the right sciatic nerve and mild to moderate tenderness over the left sciatic nerve. There was also moderate tenderness over the right greater trochanter. Lower extremities revealed deep tendon reflexes are unobtainable at the ankles and trace plus symmetrical at the knees. Motor strength testing demonstrated grade 5 strength without any neurological defects. The straight leg raising test in the sitting position was done to

approximately 70 degrees bilaterally with significant lower back pain and bilateral buttock pain as well as bilateral leg radicular pain that involved both of the legs about equally. Diagnoses included degenerative disc disease and apparent discogenic disease of the lumbar spine at L5-S1 associated with facet disease in bilateral lower extremity, radiculitis plus possible radiculopathy status post a posterior decompression and fusion, and degenerative spondylolisthesis of the lumbar spine at L3-4 and L4-5 plus possible discogenic disease associated with lumbar radiculitis and radiculopathy as well as instability at both of these levels. Request for Authorization was submitted for review, however was not completed by the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 With 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing management of opioids include "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The injured worker had a urine drug screen on 08/07/2014 that was negative for opioid usage. The injured worker was evaluated on 08/25/2014. It was documented the injured worker was currently taking between 4 tablets of Norco 10/325 mg per day for pain control. However, the provider failed to indicate VAS scale measurements. Injured worker takes Norco 10/325 mg. The request that was submitted failed to include frequency and duration of medication. As such, the request for Norco 10/325mg #90 With 5 Refills is not medically necessary.

Flexeril 10mg #90 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The requested service is not medically necessary. According to California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. 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 postop use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine treated patients with fibromyalgia were 3 times as likely to report overall

improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation that was submitted indicated the injured worker has been off Flexeril approximately since 07/30/2013. The guidelines state that Flexeril as an option using a short course of therapy. However, the provider failed to indicate functional improvement while injured worker is taking Flexeril. Moreover, the request that was submitted failed to include frequency and duration of medication. As such, the request for Flexeril 10mg #90 with 5 Refills is not medically necessary.