

Case Number:	CM14-0148260		
Date Assigned:	09/18/2014	Date of Injury:	08/02/2006
Decision Date:	12/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine 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 injured worker is a 44 year old male with an industrial injury reported on August 2, 2006 when the injured worker lifted a garbage can and threw it at which time he felt a pop in his lower back. Diagnoses include Lumbar Strain/sprain, Post laminectomy syndrome, lumbar region, chronic pain syndrome, depressive disorder, overweight and persistent disorder of initiating or maintaining sleep. The physical findings noted on August 18, 2014 were noted as paraspinal muscle spasm on right lower lumbar region, moderately tender over right lower lumbar facets, positive facets loading test and restricted and painful on right side. Diagnostic studies done to date included, X-ray, Magnetic resonance imaging (MRI) of the lumbosacral spine in 2012 which revealed stenosis of the spinal canal and right lateral recess with compression against the right L5 nerve root, degenerative disc disease at L5-S1, facet arthropathy present at L5-S1 contributing to the degree of neural foraminal narrowing a Magnetic resonance imaging (MRI) was repeated in 2013 revealing increase in size of the right posterior L4-L5 disc extrusion which resulted in a canal narrowing as well as right lateral recess effacement which had increased. Medical treatment to date has included, right transforaminal epidural steroid injection at L4-L5 on 11/19/2012 and 03/04/2013 which together reduced the right leg and lower back symptoms by at best 30% , right transforaminal epidural steroid injection on 5/6/2008 and on 11/24/2008 with no change, physical therapy, interventions and chiropractic. Medications have included Norco (since at least 2012), Flexeril (since 7/2014). On August 20, 2014 the primary treating physician requested prescriptions for Butrans patch 20 mcg/hr #4, Effexor XR 150mg, #60 with 2 refills, Norco 10/325mg #90 and Flexeril 10mg #90 the Utilization Review non-certified Flexeril 10mg #90 and modified Norco 10/325mg #90 on August 26, 2014. The Utilization Review denial was based on the California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the how long the pain relief takes and how long it lasts. The medical notes do not detail appreciable functional improvements while since starting Norco in 2012. Additionally, medical documents indicate that the patient has been on Norco since 2012, in excess of the recommended short term treatment. The utilization reviewer partially certified for #68 to allow for weaning, which is appropriate. As such, the question for Norco 10/325mg #90 is not medically necessary.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42,60-61,64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "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. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality

should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 10mg #90 is not medically necessary.