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| Case Number: | CM14-0152426 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 09/07/2004 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 09/03/2014 |
| Priority: | Standard | Application Received: | 09/18/2014 |

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 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 53-year-old male who reported an injury on 09/07/2004 due to an unknown mechanism. The physical examination dated 08/11/2014 revealed the injured worker complained of stabbing like pain in the right side of his back that would shoot into the right buttocks and down the back of the leg. Diagnoses were status post lumbar laminectomy at L4-5; a postoperative MRI revealed a disc herniation at the L4-5 compromising the right L5 nerve root with multiple disc protrusions and degenerative changes and postoperative changes with persistent radicular symptomatology; history of reactive depression; constipation from narcotic use, stable with stool softeners; and intermittent back spasms, stable with Amrix use. The injured worker reported a 50% reduction in pain and 50% functional improvement with activities of daily living with the pain medications. The injured worker rated his pain at a 9/10, at best at a 4/10 with the medications, and a 10/10 without them. The injured worker was taking 4 Norco per day. It was noted that he used Ultram ER 200 mg at night as a long acting analgesic. He had been using Cymbalta for reactive depression. He was taking Amrix capsules occasionally at night for back spasms. He used Senokot and Colace for constipation. He used ibuprofen off and on when his stomach could tolerate it. There was palpable muscle spasm in the lumbar trunk with loss or lordotic curvature with slight right antalgic posture on examination. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Page(s): 78.

Decision rationale: The decision for Norco 10/325 mg quantity 120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 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 clinical documentation submitted for review did not provide a urine drug screen analysis. The injured worker reported pain relief and functional improvement from the medication, but the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Amrix 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

Decision rationale: The decision for Amrix 15 mg quantity 60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, 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. This medication is not recommended to be used for longer than 2 to 3 weeks. The request submitted for review did not indicate a frequency for the medication. The medical guidelines do not recommend this medication to be used for longer than a 2 to 3 week period. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.