MAXIMUS Federal Services

Case Number:	CM14-0155642		
Date Assigned:	09/25/2014	Date of Injury:	12/24/2009
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 & Pain Medicine and is licensed to practice in California and Washington. 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 35-year-old female who reported an injury on 12/24/2009. The mechanism of injury reportedly occurred when she lifted a 30 pound basket. Her diagnoses included displacement of the lumbar disc without myelopathy and post laminectomy syndrome of the lumbar region. Her past treatments included physical therapy, injections, a walker, a Functional Restoration Program, and medications. Her previous diagnostics were noted as x-rays of the cervical spine, right shoulder, right wrist, right hand, and lumbosacral spine. Her surgical history included a laminectomy of the lumbar region. On 09/03/2014, the injured worker reported throbbing sensation in her arm and leg. She also reported increased low back pain after sitting for a prolonged period. Her pain level was noted at 5/10 to 8/10 without medications and she had limited function. The physical examination revealed that she ambulated with the assistance of a walker and transferred from sit to stand with assistance of a walker. The strength of her lower extremities was noted on the left as 4/5 and right 5/5. She had decreased sensation to light touch on the left to the right. She was tender to palpation along spinous processes and had tight muscle bands on the left lumbar myofascial and gluteal region, greater on the left to right. Her medications were noted as Flexeril, Norco, Lyrica, Motrin, and Dulcolax suppository. The treatment plan was for Flexeril 10 mg #60 with 2 refills, Norco 10/325 mg #120 with 1 refill, and Motrin 800 mg #90 with 3 refills. The rationale for the request was not provided. The Request for Authorization form was submitted on 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60 x 2refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: Based on the clinical information submitted for review, the request for Flexeril 10 mg #60 x 2 refills is not medically necessary. As stated in the California MTUS Guidelines, Flexeril is recommended as an option for use as a short term therapy lasting no longer than 3 weeks. Its effect is greatest in the first 4 days of treatment, which suggests a short term use. The effectiveness seems to diminish over time, and prolonged use of some medications in this class may lead to dependence. Muscle relaxants show a lack of benefit beyond NSAIDs in pain and overall improvement. The injured worker reported increased low back pain after sitting for a prolonged period. She reported her pain level at 5/10 to 8/10 without medications with limited function. It was noted that she was previously taking Flexeril back in 2013; however, there was lack of documentation that showed how the medication benefitted her. It was noted that she was taking an NSAID, which the guidelines indicate that muscle relaxants show a lack of benefit beyond NSAIDs in pain and overall improvement. Furthermore, the guidelines recommend short term use of the medication lasting no longer than 3 weeks; however, the request exceeds the recommendation of 3 weeks. Also, the request failed to provide the frequency of the medication as prescribed. As such, the request for Flexeril 10 mg #60 with 2 refills is not medically necessary.

Norco 10/325mg, #120 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78, 80.

Decision rationale: Based on the clinical information submitted for review, the request for Norco 10/325 mg #120 with 1 refill is not medically necessary. As stated in the California MTUS Guidelines, long term effectiveness of opioids for chronic back pain is unclear, but they seem to be effective but limited for short term pain relief. Ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit, which includes current pain at the time of visit, 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. The injured worker reported low back pain increased after sitting for a prolonged period. She reported that her pain level was 5/10 to 8/10 without medications and had limited function. The guidelines indicate that there should be a detailed pain assessment at every visit; however, there was a lack of information that showed that the physician had performed a detailed assessment. Furthermore, it is also necessary to document

appropriate medication use, to include a recent urine drug screen with results, which the clinical documentation lacked such evidence. Although it was noted that the injured worker reported limited function without her medications, it was unclear if any progress had been made with the use of medications. The request failed to provide the frequency of the medication as prescribed. As such, the request for Norco 10/325 mg #120 with 1 refills is not medically necessary.

Motrin 800mg, #90 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-68.

Decision rationale: Based on the clinical information submitted for review, the request for Motrin 800 mg #90 with 3 refills is not medically necessary. As stated in the California MTUS Guidelines, non-steroidal anti-inflammatory drugs are recommended as an option for short term symptomatic relief. It was suggested by a Cochrane review of the literature on drug relief for low back pain that NSAIDs were no more effective than other drugs, such as acetaminophen, narcotic analgesics, and muscle relaxants. The injured worker reported increased low back pain after sitting for a prolonged period. It was noted that she had been taking Motrin for at least over 6 months; however, the guidelines indicate that the medication is used as an option for short term symptomatic relief. Also, there was no note that the injured worker trialed acetaminophen for her pain as it is indicated in the guidelines that NSAIDs were no more effective than acetaminophen, narcotic analgesics, and muscle relaxants. There was insufficient documentation that showed that the injured worker had relief with the medications as she continuously reported increased lower back pain. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Motrin 800 mg #90 with 3 refills is not medically necessary.