

Case Number:	CM14-0156939		
Date Assigned:	09/29/2014	Date of Injury:	11/17/2010
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 is a 32 year old female who was injured on 11/17/2010. The diagnoses are low back pain and myalgia. The lumbar spine MRI showed degenerative disc disease and facet hypertrophy. The EMG/NCS showed right L5, S1 radiculopathy. On 8/19/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. The pain score is 6/10 with medications and 10/10 without medications on a scale of 0 to 10. There is tenderness of the SI joints, right greater trochanter and lumbar paraspinal muscles. The medications are Relafen and Norco for pain and cyclobenzaprine for muscle spasm. A Utilization Review determination was rendered on 9/8/2014 recommending non-certification for cyclobenzaprine 10mg and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend that the use of muscle relaxants be limited to few weeks during periods of exacerbation of chronic musculoskeletal pain. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the injured worker have utilized cyclobenzaprine for more than 1 year. The criteria for the use of cyclobenzaprine 10mg #60 were not met; therefore, the request for Cyclobenzaprine 10mg QTY 60 is not medically necessary.

Norco 10/325mg QTY: 81: Overturned

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) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend that opioids can be utilized in the chronic treatment of musculoskeletal pain when treatment with non- opioid medications, PT and surgery has been exhausted. The records indicate that the injured worker have completed all non-opioid treatment options. The injured worker is noted to be compliant with no report of opioid adverse effects. There is no report of aberrant behaviors was reported. The injured worker reported increase in ADL and functional restoration with the use of Norco. The criteria for the use of Norco 10/325mg #81 were met; therefore, the request for Norco 10/325mg QTY: 81 is medically necessary.