

Case Number:	CM14-0166331		
Date Assigned:	10/13/2014	Date of Injury:	01/29/2013
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 32-year-old male with a 1/29/13 date of injury. According to a progress report dated 10/3/14, the patient complained of ongoing pain to his low back and right lower extremity. He rated his low back pain as a 9/10, mid back pain as an 8/10, and right leg pain as a 5/10. He was currently taking Hydrocodone and Duexis, which he stated were helping. Objective findings: midline tenderness, spasm, and tightness over the paralumbar musculature, limited range of motion, decreased right L4 and L5 dermatomes sensation. Diagnostic impression: lumbar radiculopathy, significant spinal stenosis with 2-level discopathy, L3-4, L4-5, and L5-S1 herniated nucleus pulposus, multilevel lumbar discopathy with facet arthropathy. Treatment to date: medication management, activity modification. A UR decision dated 9/29/14 denied the requests for Flexeril and Norco. Regarding Flexeril, the claimant's injury is nine months old and the documentation does not identify acute pain or an acute exacerbation of chronic pain. Regarding Norco, there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. The claimant reported pain levels of 10/10 when seen on 9/5/14 and was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is 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. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However, according to the records reviewed, this patient has been on Flexeril since at least 6/13/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Flexeril 10mg #60 with 3 refills was not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, he continued to rate his back pain as an 8-9/10, despite Norco use. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, urine drug screen reports dated 5/23/14, 7/18/14, and 9/17/14 were inconsistent for Hydrocodone. There is no documentation that the provider has addressed this issue with the patient. Therefore, the request for Norco 10/325mg #60 was not medically necessary.