

Case Number:	CM14-0167468		
Date Assigned:	10/14/2014	Date of Injury:	10/11/2006
Decision Date:	11/18/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 40 year old female who was injured on 10/11/2006. She was diagnosed with chronic pain, opioid dependence, and lumbosacral sprain with radicular complaints, left hip pain, and left sacroiliac joint dysfunction. She was treated with opioids and muscle relaxants. On 8/28/14, the worker was seen by her primary treating physician complaining of the same pain in her back and hip since her last appointment. Physical examination findings included diffuse decreased sensation of the left lower extremity, ambulation with walker, antalgic gait, and tenderness of the lumbosacral area. He was then recommended to use Norco and Flexeril. It isn't clear if she had already been using these medications before the request or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic

pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, Flexeril was recommended for chronic use, which is not appropriate use of this medication. There was no evidence to suggest that the worker was experiencing an acute flare-up which might have warranted a short course of Flexeril. Therefore, the Flexeril is not medically necessary or appropriate as prescribed.

Norco 10/325mg #60 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she was recommended to take Norco. It is unclear if she had been using this medication prior to this request, although it appears to be a request for continuation. If so, there was no sufficient evidence that suggested Norco was improving the worker's function and reducing her pain level significantly. If this was a first time prescription for Norco, then there was not enough review of other medications that she had tried and failed in order to warrant chronic use of an opioid such as Norco. In either case, there was also no evidence that a complete review, as listed above, took place including reviewing side effects and appropriate use. Therefore, without this evidence of benefit and a complete review, the Norco is deemed not medically necessary.