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| Case Number: | CM14-0172010 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 06/27/2013 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 26-year-old male with a 6/27/13 date of injury. At the time (10/9/14) of request for authorization for Norco 10/325mg #80 and Flexeril 10mg #50, there is documentation of subjective (back pain) and objective (tenderness to palpation over L5-S1 paraspinal muscle with limited range of motion) findings. The current diagnoses include lumbar discogenic pain, bilateral lower extremity radicular pain, and lumbar facet syndrome. The treatment to date includes medications (including ongoing treatment with Norco, Flexeril, and Neurontin). Medical report identifies a pain management contract on file; patient is tolerating well with the reduction of Norco and Flexeril use; and that medications help relieve pain. Regarding Norco 10/325mg #80, there is no documentation of functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a result of Norco use to date. Regarding Flexeril 10mg #50, there is no documentation of acute exacerbations of chronic low back pain; the intention to treat for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a result of Flexeril use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80: Upheld

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): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic pain, bilateral lower extremity radicular pain, and lumbar facet syndrome. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation of a pain management contract on file, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that medications help relieve pain, and that patient is tolerating well with the reduction of Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #80 is not medically necessary.

Flexeril 10mg #50: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic pain, bilateral lower extremity radicular pain, and lumbar facet syndrome. In addition, there is documentation of ongoing treatment with Flexeril; and Flexeril used as a second-line option. However, despite documentation of pain; and given documentation of a 6/27/13 date of injury, there is no (clear) documentation of acute muscle spasm, or acute

exacerbations of chronic low back pain. In addition, given documentation of a request for Flexeril 10mg #50, there is no (clear) documentation of the intention to treat for short-term (less than two weeks) treatment. Furthermore, despite documentation that medications help relieve pain and that patient is tolerating well with the reduction of Flexeril, there is no documentation of functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #50 is not medically necessary.