

Case Number:	CM14-0180817		
Date Assigned:	11/05/2014	Date of Injury:	12/20/2001
Decision Date:	12/09/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/30/2014

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 Practice 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:

56 yr. old male claimant sustained a work injury on 11/20/11 involving the low back. He was diagnosed with lumbar disc disease and underwent a lumbar fusion. He had been on Norco since at least March 2014 for pain control. A progress note on 9/18/14 indicated the claimant had 7/10 pain which reduced to 2/10 with medication. Physical exam was not performed. The claimant was placed on Cyclobenzaprine for spasms. A progress note on 10/16/14 indicated the claimant had 8/10 pain which reduced to 3/10 with medications. He had been on Norco and Cyclobenzaprine at the time. Exam findings are notable for reduced range of motion of the lumbar spine and tenderness to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Cyclobenzaprine 10mg #90 with 5 refills: 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 Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the

greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The claimant was placed on Cyclobenzaprine for 1 month. There was no exam or findings of spasms prior to initiation. The addition of cyclobenzaprine to other agents is not recommended. The cyclobenzaprine as prescribed for a month was not medically necessary.

1 Prescription for Norco 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for months. There was no indication of failure with Tylenol or NSAIDs. The continued use of Norco is not medically necessary.