

Case Number:	CM14-0181599		
Date Assigned:	11/06/2014	Date of Injury:	11/12/1990
Decision Date:	12/11/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56 year-old female with the date of injury of 11/12/1990. The patient presents with pain in her lower back, rating down to her right thigh and right foot. The patient describes her pain is achy, burning, deep and discomforting. The patient rates her pain as 3/10 on the pain scale, with medication and 9/10 without medication. Examination reveals abnormality on her discogram. The patient presents decreased cervical and lumbar motion and nonphysiologic sensory loss in both upper and lower extremities. There is some difference between straight leg raising supine and sitting. The patient's work statue is P&S. The patient is currently taking Promethazine, Pepcid, Reglan, Zofran, Tramadol, Neurontin, Cyclobenzaprine, Butrans, and Transdermal patch. According to the treating physician the current diagnostic impressions are: Degenerative disc disease lumbar, Symptomatic; COAT, symptomatic; Low back pain; sprain and strains of sacroiliac region; chronic pain syndrome; fall on same level from slipping or tripping; spondylosis, lumbar w/o myeopathy; and radiculopathy thoracic or lumbosacral. The utilization review determination being challenged is dated on 10/08/2014. The requesting provider provided treatment reports from 01/13/2014 to 10/31/2014. 1)Degenerative disc disease lumbar, Symptomatic 2)COAT, symptomatic 3)Low back pain, 4)Sprain and strains of sacroiliac region 5)Chronic pain syndrome 6) Fall on same level from slipping, tripping or stu 7)Spondylosis, Lumbar w/o myeopathy 8)Radiculopathy thoracic or lumbosacralThe utilization review determination being challenged is dated on 10/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/13/2014 to 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81, 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for use of opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: The patient presents with pain and weakness in her lower back and right leg. The request is for Norco 10/325mg #90. The review of the reports shows that the patient started taking Norco 10/325mg 1po TID since 09/29/2014. MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily livings (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician's 09/29/2014 report indicates that Norco gives the patient some 50% pain relief, allowing her to walk, run errands, do chores around the house and socialize. There are no discussion regarding side effects and aberrant behavior. No urine drug screenings (UDS's) and no Cures report, for example. MTUS also required the use of a validated instrument to describe functional improvement at least once every 6 months which is not provided. "Pain assessment" issues are not provided as required. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, this request is not medically necessary.

Cyclobenzaprine HCL 10mg #90 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder and lower back. The request is for Cyclobenzaprine HCL 10mg #90 with 4 refills. MTUS guidelines, pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril , Amrix , Fexmid, generic available): Recommended for a short course of therapy." The treating physician does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to

address flare up's. The review of the reports show the patient started utilizing this medication since 04/07/2014. Therefore, this request is not medically necessary.