

Case Number:	CM14-0021682		
Date Assigned:	05/07/2014	Date of Injury:	12/07/2008
Decision Date:	07/09/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/20/2014

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 Rehabilitation & Pain Management 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 52-year-old female with a date of injury of 12/07/2008. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. L4-L5 disk HNP. 3. Cervical radiculopathy. 4. C6-C7 disk bulge. 5. Depression and anxiety. According to the handwritten progress report from 12/06/2013 by [REDACTED], the patient continues with lower back pain with right leg radicular pain in the L5 distribution. Report states "waiting cardiac clearance for epidural, etc." Objective findings include positive spasm and triggers at L5. Straight leg raise is positive at 60 degrees bilaterally. Treater recommends patient continue with medication, Norco and Flexeril. Progress report 11/07/2013 notes the patient is taking hydrocodone 10/325 mg by mouth twice a day when necessary and Flexeril 10 mg by mouth daily at bedtime for muscle spasms. [REDACTED] reported on 10/11/2013 that the patient fell at home and has an increase in pain. The patient will take Norco 3 times a day and Flexeril 3 times a day. The patient has not worked since 2010. He recommends patient continue with Norco and Flexeril. Utilization review denied the requests on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QTY:180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ,CRITERIA FOR USE OF OPIOIDS ,Long-term Users of Opioids , Opioids for chronic pain Page(s): 60, 61, 88, 89, 80, 81.

Decision rationale: This patient presents with chronic low back pain. The treating physician in his monthly progress reports requests refills of Norco since 08/13/2013. There are no Urine Drugs Screens provided in the medical file. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Reports 08/13/2013 to 12/06/2013 provide no discussion on pain reduction or any specific functional improvement from taking Norco. The treating physician also does not provide "pain assessment" or any outcome measures as required by MTUS. Given the lack of sufficient documentation the patient should slowly be weaned off of Oxycodone as outlined in MTUS Guidelines. The request is not medically necessary.

FLEXERIL 10MG QTY:180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with chronic low back pain. The treating physicaian is requesting a refill of Flexeril 10 mg #180. The MTUS guidelines, page 64, states "cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." Medical records indicate the treater has been prescribing Flexeril since at least 08/13/2013. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The treating physician is requesting #60. The request is not medically necessary.