

Case Number:	CM14-0024623		
Date Assigned:	06/11/2014	Date of Injury:	09/11/2013
Decision Date:	08/01/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 injured worker is a 60-year-old female with a reported injury on 09/11/2013. The injured worker had an evaluation done on 01/17/2014. The injured worker stated that she was getting worse and she has stopped her physical therapy because she stated that when he touched me, I would be in pain. The injured worker has been working on modified duty, but at the end of the day, she reported that she cannot move. Her examination showed normal reflex, sensory, and power testing to the bilateral upper and lower extremities with poor effort with power testing. Her straight leg raise test and bowstring test were negative bilaterally. She did have a normal gait. Her cervical spine range of motion was decreased about 25%. Her lumbar spine range of motion was decreased about 25%. Her medications consisted of Menthoderm, Norco, and Norflex. There is no other record or report of any other previous treatments such as home exercise program or the efficacy of her medications. Her diagnoses consisted of musculoligamentous sprain/strain of the lumbosacral spine, underlying lumbar spondylosis with mild L4-5 spondylolisthesis and cervical strain. The plan of treatment was to try to continue her physical therapy and to refill her medications. The authorization for request was not provided, nor was the rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The California MTUS guidelines recommend for ongoing treatment of opioids, the monitoring of 4 domains, which are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. In this case, there was a lack of evidence of efficacy of her medications. There was no mention of any kind of side effects and there were no physical or psychosocial functional deficits. The injured worker did have a urinalysis done on 01/02/2014, which showed negative to opiates, so, it is unclear as to whether she is taking the medications. Furthermore, the request for the Norco does not list the duration and frequency dosing. Therefore, the request for Norco is not medically necessary and appropriate.

Norflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: The California MTUS Guidelines do recommend that antispasmodic types of drugs are used for a short period of time. There is limited and mixed evidence that do not allow for recommendation for chronic use. The mode of action of Norflex is not clearly understood, and the effects are thought to be secondary to analgesic and anticholinergic properties. Furthermore, Norflex has no directions as far as dosing and frequency and the duration. Therefore, the request for Norflex is not medically necessary and appropriate.