

Case Number:	CM14-0034502		
Date Assigned:	06/20/2014	Date of Injury:	01/10/2005
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 Medicine and is licensed to practice in Arizona. 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:

Patient is a 41 year old male with a date of injury on 1/10/2005. Patient has been treated for ongoing symptoms in the lower back and is status post lumbar surgery in 2007. Subjective complaints are of a flare of his low back pain, with pain radiating to the legs. Physical exam shows tenderness, spasm, and tightness of the lumbar spine with decreased range of motion. Prior treatments include laminectomy, medications, physical therapy, and deep tissue massage. Medications include Motrin, Norco, and Flexeril. Records show last urine drug screen in 2012. Documentation does not show evidence of pain relief, or functional improvement with ongoing use of opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800MG #90 WITH 3 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, PAGE 67-68 Page(s): 67-68.

Decision rationale: The CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for

symptomatic relief for back pain. For this patient, moderate pain is present in the back. Therefore, the requested Motrin is medically necessary.

NORCO 10/325MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, PAGE 74-96 Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, office visits are for flares of chronic pain, and visits were 3 months apart. While patient may be a candidate for opioid therapy, pain reduction and functional improvement was not assessed on or in between these visits. Furthermore, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Evaluation of pain reduction and functional improvement would be appropriate before further dosing. For these reasons, the requested Norco with three refills is not medically necessary.

FLEXERIL 10MG #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE, PAGE 41-32 Page(s): 41-32.

Decision rationale: The CA MTUS guidelines indicate that the use of Cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using a muscle relaxer chronically which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of Cyclobenzaprine. Due to clear guidelines suggesting Cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for Cyclobenzaprine is not medically necessary.