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| Case Number: | CM14-0036743 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 08/31/1998 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old female with a 8/31/98 date of injury, and status post L4-5 microdiscectomy. At the time (3/3/14) of request for authorization for retrospective (DOS 2-12-14)/prospective usage of Flexeril 10 mg #30 with 2 refills (1x3) and retrospective (DOS 2-7-14)/prospective usage of Norco 10/325 mg #60 with 2 refills (1x3), there is documentation of subjective (low back pain, pain level has flare-up), current diagnoses (lumbar disc degeneration and lumbosacral spondylosis without myelopathy), and treatment to date (chiropractic, physical therapy, and medications (including Flexeril and Norco (since at least 2/13)). 2/6/14 medical report identifies that the patient has been stable on current medication regimen and has been able to maintain function especially with activities of daily living; patient is able to function at a higher level than if they were off the current regimen; and that patient denies any side effects. Regarding the requested retrospective (DOS 2-12-14)/prospective usage of Flexeril 10 mg #30 with 2 refills (1x3), there is no documentation that Flexeril is being used as a second line option and for short-term treatment. Regarding the requested retrospective (DOS 2-7-14)/prospective usage of Norco 10/325 mg #60 with 2 refills (1x3), there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 2-12-14) / PROSPECTIVE USAGE OF FLEXERIL 10MG #30 WITH 2 REFILLS (1 X 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The MTUS-definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration and lumbosacral spondylosis without myelopathy. In addition, there is documentation of an acute exacerbation of chronic low back pain. Furthermore, there is documentation of functional benefit or improvement because of Flexeril use to date. However, there is no documentation that Flexeril is being used as a second line option and for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for retrospective (DOS 2-12-14)/prospective usage of Flexeril 10 mg #30 with 2 refills (1x3) is not medically necessary.

RETROSPECTIVE (DOS 2-7-14) / PROSPECTIVE USAGE OF NORCO 10/325MG #60 WITH 2 REFILLS (1 X 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration and lumbosacral spondylosis without myelopathy. In addition, there is documentation of functional benefit or improvement because of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed.

Therefore, based on guidelines and a review of the evidence, the request for retrospective (DOS 2-7-14)/prospective usage of Norco 10/325 mg #60 with 2 refills (1x3) is not medically necessary.