

Case Number:	CM14-0038157		
Date Assigned:	06/25/2014	Date of Injury:	03/01/2011
Decision Date:	08/13/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 41 year old male with date of injury of 3/1/2011. A review of the medical records indicate that the patient is undergoing treatment for low back pain and neck pain. Subjective complaints include continued neck and low back pain. Objective findings include increased tenderness to the cervical paraspinal muscles on the right hand side with spasms into the right trapezius. An MRI showed disc desiccations at L4-L5 and bilateral foraminal stenosis at L4-L5. Treatment has included Norco, Relafen, Effexor, Flexeril, and physical therapy. The utilization review non-certified Norco 10/325 by mouth twice a day #60, Flexeril 10 mg by mouth as needed #50, and Biofreeze gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80,81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Prevention, page 47 and Opioids, page 77of 127 Page(s): 77 OF 127.

Decision rationale: The MTUS recommends a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids have significant side effects and should only be considered for a very short course of treatment according to the MTUS. The guidelines recommend reassessment for long-term users of opioids. Per the guidelines, there should be documentation of pain and functional improvement and comparison to baseline. There is no documentation of the functional improvement the employee is getting from taking Norco or when/how NSAIDs failed to control pain. Therefore, Norco 10/325 by mouth twice a day #60 is not medically necessary.

Flexeril 10 mg po prn #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain, page 41-42, 60-61 Page(s): 41-42, 60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. Additionally, MTUS outlines that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate Flexeril also recommends: Do not use longer than 2-3 weeks. Using Flexeril as needed for an extended course of time is not recommended. Therefore, Flexeril 10 by mouth as needed #50 is not medically necessary.

Biofreeze gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113 Page(s): 111-113.

Decision rationale: The guidelines referenced above state that topical analgesics are recommended for osteoarthritis of joints such as the knee or elbow or other joints amenable to topical treatment. Furthermore, they recommend this treatment for a period of less than 3 months. They do not recommend it for neuropathic pain or for pain in the lower back. Therefore, Biofreeze 3 oz. roll-on gel is not medically necessary.