

Case Number:	CM14-0040276		
Date Assigned:	05/12/2014	Date of Injury:	06/09/2011
Decision Date:	08/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/24/2014

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 Medicine and is licensed to practice in Texas. 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 54 year old male injured on 06/09/11 due to undisclosed mechanism of injury. Current diagnoses included lumbar radiculopathy, lumbar spine stenosis, and lumbar disc protrusion. Clinical note dated 11/22/13 indicated the injured worker presented complaining of constant low back pain radiating to the left lower extremity with associated numbness and tingling. The injured worker rated pain 6/10 with oral and topical medication use and 8/10 without medication. The injured worker underwent lumbar epidural steroid injection at L3-4 and L4-5 on 09/13/13 and continued to report significant pain relief as of 11/22/13. Objective findings included decreased lumbar range of motion, positive straight leg raise bilaterally, and lumbar spine tenderness to palpation with spasms. Treatment plan included prescription for cyclobenzaprine 7.5mg and Norco 10-325mg #60. The initial request for cyclobenzaprine 7.5mg #60 and Norco 10-325mg #60 was non-certified on 01/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the request lacked a frequency of administration. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325MG #60 cannot be established at this time.

CYCLOBENZAPRINE 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Further, the request lacked a frequency of administration. As such, the medical necessity of cyclobenzaprine 7.5MG #60 cannot be established at this time.