

Case Number:	CM14-0043766		
Date Assigned:	07/02/2014	Date of Injury:	06/09/2001
Decision Date:	08/22/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 9, 2001. Thus far, the applicant has been treated with analgesic medications; attorney representations; opioid therapy; muscle relaxants; and transfer of care to and from various providers in various specialties. In a utilization review report dated April 1, 2014, the claims administrator approved a request for Mobic while denying a request for Norco and Flexeril. The claims administrator cited lack of supporting information on the part of the attending provider. Despite the fact that the MTUS addressed the need for Mobic, the claims administrator also invoked non-MTUS ODG guidelines on the same in conjunction with an MTUS citation. A September 30, 2013 progress note was notable for comments that the applicant presented with a flare-up of low back pain. The applicant did have comorbid rheumatoid arthritis, it was acknowledged. The applicant was given a Toradol injection on this occasion and given refills of Vicodin, Celebrex, and Flexeril. The applicant was no longer working and was reportedly medically retired. On December 23, 2013, the applicant was described as receiving Social Security benefits and was no longer working. It was unclear whether the applicant was receiving Social Security retirement benefits or Social Security Disability benefits. The applicant stated that medication usages were generating 50% improvement. The applicant was given some stretching exercises. The attending provider did not clearly state what functions were specifically ameliorated with ongoing opioid usage but again reiterated that the applicant was 50% improved with the same. On March 17, 2014, the attending provider reported that the applicant was receiving Social Security Disability benefits. The applicant stated that she was using one to three Norco a day if and when she experienced severe pain. The applicant was asked to perform stretching exercises. Norco, Mobic, and Flexeril were

renewed. It was not clearly stated whether the applicant was complying with the home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. While the attending provider has reported 50% pain relief with ongoing opioid therapy, there has been no clear discussion of what specific function or functions have been ameliorated as a result of ongoing Norco usage. The applicant's reports of subjective pain relief and analgesia with ongoing Norco usage are outweighed by the attending provider's failure to document any tangible improvement in terms of performance of activities of daily living as well as the applicant's failure to return to any form of work, at age 59. The applicant, as previously noted, is receiving monies both through the Workers' Compensation and through the Social Security Disability Insurance system. All of the above, taken together, did not make a compelling case for continuation of opioid therapy. Therefore, the request is not medically necessary.

Flexeril 10mg, # 30.: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.