

Case Number:	CM14-0045661		
Date Assigned:	06/27/2014	Date of Injury:	12/13/2005
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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:

This is a 57-year-old female with a 12/13/05 date of injury. The mechanism of injury was that she tripped when somebody put a forklift in front of the door. Initially, she fell forward, but then she overcorrected herself and fell backwards hitting the forklift on the back upper part as well as in the right hip area. According to a 6/25/14 progress note, the patient complained of neck pain radiating into her left shoulder and upper arm and lower back pain radiating into her right leg. The objective findings included morbidly obese, ambulating with use of a cane, abdominal panus noted, edema of feet and ankles bilaterally, facet loading test positive bilaterally, restricted and painful spine extension, decreased touch sensation in L5 dermatome of left leg but hyperalgesia to pin prick in L5 dermatome of right leg. The diagnostic impression included chronic pain syndrome, lumbar disc displacement with radiculitis, degeneration of cervical intervertebral disc, generalized osteoarthritis, cervical spondylosis without myelopathy, nonorganic sleep disorder, morbid obesity, depressive disorder, unspecified myalgia and myositis. The treatment to date included medication management, activity modification, physical therapy, chiropractic therapy, chiropractic treatment, physical therapy, epidural steroid injection. A UR decision dated 3/27/14 modified the request for Norco from 90 tablets to 50 tablets for weaning purposes. Guidelines do not recommend opioids when there is proof of aberrant drug taking behavior and no overall improvement in pain and functioning. Regarding Flexeril, the patient has been taking this medication since at least 2/10/14, which is longer than the guidelines recommend using Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 90: 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.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has displayed aberrant behavior. It is documented in the progress reports dated 5/13/14 and 6/25/14 that the patient admitted to taking more medication than was prescribed. In addition, in a progress note dated 3/8/13, the patient stated that she had taken her daughter's morphine medication. According to the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In the most recent progress note provided for review dated 6/25/14, the patient said that her pain was the same and her functionality was worse while her medication usage has remained the same. In several other reports, she reported that her pain level was worse, even with medications. According to several progress notes, the patient had consistent urine drug screens, CUREs reports, and a narcotic agreement on file. However, the results of the urine drug screen were not provided for review. Therefore, the request for Norco 10/325mg QTY: 90 was not medically necessary.

Flexeril 10mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is 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. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. According to the reports reviewed, the patient has been on Flexeril since at least 10/5/12, if not earlier. The long-term use of Flexeril is not recommended by guidelines. A rationale identifying why Flexeril is required in this patient despite lack of guideline support was not provided. Therefore, the request for Flexeril 10 mg, QTY: 90 was not medically necessary.