

Case Number:	CM14-0047067		
Date Assigned:	07/02/2014	Date of Injury:	09/17/2002
Decision Date:	08/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 62-year-old female with a 9/17/02 date of injury. At the time (3/21/14) of the request for authorization for Norco 10/325mg #90 4 refills and Flexeril 7.5mg #30 4 refills, there is documentation of subjective (persistent low back and knee pain) and objective (ongoing tenderness to lumbar paraspinal muscles with decreased range of motion in all planes at the waist, significant crepitus and tenderness throughout the knee) findings, current diagnoses (status post right knee replacement 10/2/07 and low back pain with proximal right leg symptoms), and treatment to date (medications including Norco and Flexeril for at least 2 years which allow her to walk for exercise and carry out activities of daily living). In addition, there is documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Norco 10/325mg #90 4 refills, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and the lowest possible dose is being prescribed. Regarding Flexeril 7.5mg #30 4 refills, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 4 refills: Upheld

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

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 status post right knee replacement 10/2/07 and low back pain with proximal right leg symptoms. In addition, there is documentation of treatment with Norco for at least 2 years. Furthermore, there is documentation of functional benefit with use of Norco and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #90 four refills is not medically necessary.

Flexeril 7.5mg #30 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. 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 Official Disability Guidelines identifies that muscle relaxants are 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. Within the medical information available for review, there is documentation of diagnoses of status post right knee replacement 10/2/07 and low back pain with proximal right leg symptoms. In addition, there is documentation of treatment with Flexeril for at least 2 years and functional improvement with use of Flexeril. However, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 1/2/12, there is no documentation of the intention to treat over a short course (less than

two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg #30 four refills is not medically necessary.