

Case Number:	CM14-0050830		
Date Assigned:	06/23/2014	Date of Injury:	12/24/2003
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 67-year-old woman who sustained a work-related injury on December 24, 2003. Subsequently, she developed low back pain. The patient was status post cervical L2-L3 and L3-L4 and L4-L5 decompression. According to the note dated on February 27, 2014, the patient was complaining to of low back pain radiating to both legs left side greater than the right side with numbness and burning sensation in the left leg. Her back pain was rated 8-9/10. Her physical examination demonstrated antalgic gait, excessive lordosis, give away weakness more in the left side than the right side, decreased sensation to pinprick on the left L3-L4 and in a stocking distribution bilaterally, mild-to-moderate tenderness along the cervical thoracic lumbar spine. An MRI of the lumbar spine performed on December 9, 2015 demonstrated disc protrusion at L2-L3, postop changes, increased spinal stenosis, facet degenerative changes. The patient x-rays of the lumbar spine dated on October 17, 2015 demonstrated 5.7 mm anterolisthesis of L3-L4 which was increased to previous films. The patient was treated with pain medications including OxyContin since at least August 26, 2013 with documentation of significant pain reduction without functional improvement. The patient was also treated with Norco since at least August 26, 2013 without documentation of significant pain and functional improvement. The patient was also treated with Flexeril since at least August 26, 2013 without clear documentation of efficacy. The patient continued to have back pain and there is no report of functional improvement. The provider requested authorization to continue Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, he continued to have severe back pain despite the use of opioids. There is no objective documentation of pain and functional improvement to justify continuous use of Norco in this patient. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary at this time.

Flexeril 10 mg#30: Upheld

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

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

Decision rationale: According to MTUS guidelines, an non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Flexeril 7.5mg is not justified. Flexeril was prescribed at least since 2013 for pain management. Evidence based guidelines do not recommend its use for more than 2-3 weeks. The patient was prescribed Flexeril without any documentation for pain and functional improvement. The request of Flexeril 10 mg#30 is not medically necessary.