

Case Number:	CM14-0051301		
Date Assigned:	06/23/2014	Date of Injury:	01/10/2003
Decision Date:	07/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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 claimant was injured on 01/10/03. Her medications are under review. She has a diagnosis of chronic neck and low back pain with disc bulges in the cervical spine. She has been prescribed Norco, Flexeril, and compound cream. Her drug screen was negative for cyclobenzaprine and opioids on 03/08/13. A drug screen dated 05/04/13 was inconsistent for the same reason. The result was to be discussed with the patient. On 05/20/13, she reported ongoing pain but she was not interested in interventional treatments. Her pain was 3/10, and it was noted that rest helped her. Her medications have been denied. She was taking Flexeril and Norco. A drug screen on 06/04/13 was inconsistent due to the absence of Flexeril and Norco. On 11/22/13 it was noted that she was capable of working and being active because of the benefit of the medications. She saw [REDACTED] on 06/03/14 and complained of low back pain with stiffness. She was using Flexeril and Norco as well as the compound cream. She had steroid epidural steroid injections in the past. [REDACTED] stated that she had a normal urine drug screen and signed a narcotic agreement and there were no signs of aberrant behavior or divergence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keta/Clo/Gab/Lid x 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Medication for Chronic Pain Page(s): 143, 94.

Decision rationale: The California MTUS states topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety; and is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of failure of all other first line drugs such as acetaminophen, NSAIDs, antidepressants, and antineuropathic agents. Topical gabapentin is not recommended and topical lidocaine is only recommended in the form of Lidoderm patches. Her pattern of use of this medication is not described including specifics of benefit to her. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The medical necessity of this request has not been clearly demonstrated.

Flexeril 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Medication for Chronic Pain Page(s): 74, 94.

Decision rationale: The history and documentation do not objectively support the request for continued use of Flexeril. The guidelines state that Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Guidelines additionally state that relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Analgesic medication should show effects within 1 to 3 days and a record of pain and function with the medication should be recorded. The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, nor does it provide objective findings or a diagnosis of acute spasms. The injured worker's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request is not medically necessary.

Norco 10/325mg #120 x 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. There is also no indication that periodic monitoring of the patients pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Her pattern of use of Norco is unclear, other than she takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. In addition, there is no evidence that her inconsistent results on the drug screens, in which this medication was not present, have been discussed with her. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated.