

Case Number:	CM14-0052197		
Date Assigned:	07/07/2014	Date of Injury:	07/24/2006
Decision Date:	09/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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 patient is a 45-year-old female who has submitted a claim for lumbosacral intervertebral disc degeneration, lumbar intervertebral disc displacement without myelopathy, neck sprain, and lumbago, associated with an industrial injury date of July 24, 2006. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain and headaches rated 10/10. Headaches were attributed to the neck pain, and relief was achieved with Pennsaid use. She also complains of low back pain rated 7-8/10, radiating to the bilateral hips and legs posterolaterally. Physical examination revealed tenderness and tightness over the posterior cervical area and bilateral trapezius and scapulae; limitation of motion; and minimal hypoesthesia and dysesthesia, left ulnar aspect of the left upper extremity. Examination of the lumbar spine showed tenderness and tightness across the lumbosacral area, left greater than right; limitation of motion; positive straight leg raise bilaterally, left greater than right; and some hypoesthesia and dysesthesia in the posterior thighs and calves, left greater than right. The diagnoses were lumbar degenerative disc disease, L4-5 and L5-S1; lumbar radiculopathy, bilateral lower extremities; cervical degenerative disc disease; cervicalgia; and lumbar facet arthrosis. Current medications include tramadol, Norco, Pennsaid, Flector patch, Lidoderm, Neurontin, Colace and Senna. Treatment plan includes a request for medication refills. Treatment to date has included oral and topical analgesics, TENS, and epidural steroid injection. Utilization review from March 25, 2014 denied the requests for Norco 10/325mg and Tramadol 50mg #240 refills 2 because there were no documentation of measurable analgesic benefit (VAS scores) with the use of opioid; no documentation of functional/vocational benefit with ongoing use; no documentation of urine drug screen performed to monitor compliance and screen for aberrant behavior; and no documentation of signed opiate agreement. The request for Norflex 100mg #60 refill 2 was also

denied because chronic use is not supported, and there was no documentation of significant functional/vocational benefit with the use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, Norco use was noted as far back as October 2013. However, the patient's response to the medication was not discussed. The medical records do not clearly reflect continued functional benefit from its use. The MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, no urine drug screen was performed to monitor for aberrant drug-taking behavior. Quantity to be dispensed is likewise not specified. The medical necessity for continued use has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Norco 10/325 mg is not medically necessary.

Tramadol 50 mg #240 refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, Tramadol intake was noted as far back as October 2013. However, the patient's response to the medication was not discussed. The medical records do not clearly reflect continued functional benefit from its use. The MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, no urine drug screen was performed to monitor for aberrant drug-taking behavior. The medical necessity for continued use has not been

established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Tramadol 50 mg #240 refills: 2 is not medically necessary.

Norflex 100 mg #60 Refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: Pages 63-66 of the California MTUS Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, Norflex intake was noted since January 2014 for spasms. However, there was no evidence of overall pain improvement and functional benefit from its use. Moreover, muscle spasms were not evident in the most recent physical examination findings. Likewise, there was no documentation of failure of first-line medications to manage pain. The guideline does not support long-term use of this medication. The medical necessity for continued use has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Norflex 100 mg #60 Refills: 2 is not medically necessary.