

Case Number:	CM14-0055027		
Date Assigned:	07/07/2014	Date of Injury:	04/29/1996
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 53-year-old female who sustained a work related injury on 4/29/1996 as a result of swatting, stair climbing, bending, twisting and lifting stock when she noticed lower back and knee pain. Since then she has had nearly continuous lower back and knee pain that is at 5-7/10 on a 1 to 10 pain scale that worsens when performing squatting, going up and down steps and prolonged walking. On physical examination, there is palpable tenderness over the iliolumbar upon flexion at the waist, the superior trapezius and levator scapulae on movement. In addition, she has tenderness with full flexion and extension of both knees. These physical exam findings do not change, per the documentation of the provided PR-2's for a urine drug screening (UDS) tested on Nov 8, 2013 is negative for opioid and cyclobenzaprine use. A repeat UDS is positive for cyclobenzaprine use, but remains negative for use of opioids. Current treatment regimen includes Norco 5/325 and Flexeril 5mg for lower back pain and lower back spasms. This has been the patient's treatment regimen since October 13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 41-42, 64.

Decision rationale: Cyclobenzaprine (Flexeril, Amrix, Fexmid™, generic available): Recommended for a short course of therapy as a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). It is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. This medication is not intended for prolonged use. Its greatest efficacy is within the first 4 days of treatment initiation. The patient has been utilizing this medication, and that is circumspect considering a negative UDS in November of 2013, for over 6 months with reported increase in her pain during the same time frame. The continued use of Flexeril is not medically necessary.

Norco 5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75, 88, 91.

Decision rationale: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen, (Roxicodone, Roxicet, Percocet, Tylox, Endocet), Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Magesic-H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Foremost, the patient's pain level increase from October of 2013 to April of 2014 with her pain reported as 7/10 in April, 2014. Her urine drugs screenings dated November 8th, 2013 and March 3, 2014 are both negative for use of opioids, whereas cyclobenzaprine is negative in November, but positive in April. There are inconsistencies in the patient's medication use. I agree with the Utilization review in denial of continued use of Norco until such time a plausible explanation can be made for negative drug testing despite being given 60 5mg tablets of Norco each month for over 6 months. The request is denied.

