

Case Number:	CM14-0058888		
Date Assigned:	07/09/2014	Date of Injury:	09/03/2004
Decision Date:	11/04/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 63-year-old male who reported injuries due to a slip and fall while lifting heavy bags of grass clippings on 09/03/2004. On 04/10/2014, his diagnoses included left shoulder impingement syndrome, lumbar spine disc protrusion superimposed on degenerative disc disease, lumbar spine radiculopathy, stress, anxiety, depression, and hypertension. His complaints included left shoulder and low back pain which radiated to his right lower extremity. His lumbar ranges of motion were reduced due to his pain. He rated his pain 9/10. He was prescribed Prilosec 20 mg, Mobic 7.5 mg, Flexeril 10 mg, and Norco 5 mg. There was no rationale included in this worker's chart. A Request for Authorization dated 04/16/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Page(s): 63-66..

Decision rationale: The request for Flexeril 10mg #30 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Flexeril is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. At the time this medication was prescribed, (6 months ago) this injured worker was experiencing an acute exacerbation of low back pain. The guidelines do not support the continued use of this medication. Additionally, the request did not include frequency of administration. Therefore, this request for Flexeril 10mg #30 is not medically necessary.

Norco 5mg #60: 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): 74-95.

Decision rationale: The request for Norco 5mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include the intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 5mg #60 is not medically necessary.