

Case Number:	CM14-0062377		
Date Assigned:	07/11/2014	Date of Injury:	10/02/1993
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This is a 66-year-old male patient with a 10/2/1993 date of injury. The exact mechanism of injury has not been described. A progress report dated on 3/28/14 indicated that the patient had epidural steroid injection on 3/5/14 and reported 70% pain relief on his right lower extremity. The patient stated that he continued to have pain in his lower back. His lower back pain is exacerbated with prolonged sitting, standing and bending. He reported that with medication his pain was 4/10, and without medication it was 8/10. Physical exam revealed decreased range of motion over the lumbar spine, decreased sensation to light touch over the L5 distribution on the left side. He was diagnosed with Lumbar facet arthropathy, Lumbar disc disease, Myofascial pain, acute muscle spasm, and Opioid dependency. Treatment to date: medical management and epidural steroid injection. The progress report dated 1/2/14 indicated that Flexeril helped with pain reduction, but caused increased daytime somnolence. He was requested for authorization for spine surgeon re-evaluation due to lower back persistent pain. There is documentation of a previous 4/11/14 adverse determination. Spine surgery re-evaluation was not-certified based on the fact that there was no new symptoms or diagnostic findings documented. Norco was modified from #90 to #60, to initiate the weaning process. Flexeril was not certified, based on the fact, that guidelines do not support ongoing muscle relaxant use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgery re-evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office Visits.

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The patient presented with pain in his lower back. He stated that with the medication management his pain was 4/10 and without medication it was 8/10. A spine surgeon re-evaluation was requested, due to persistent lower back pain. However, there was no documentation of diagnostic studies to confirm worsening of lumbar spine spasm. In addition, there was no evidence of any new injury or exacerbation of his condition. Therefore, the request for Spine surgery re-evaluation was not medically necessary.

Norco, 10/325 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with the pain in his lower back. It was reported that with medication his pain was 4/10 and 8/10 without medication. However, there was documentation supporting diagnosis of opioid dependence. In addition, Norco was modified several times to initiate the weaning process. His last modification was to 60 tablets. The recent progress report indicated that the patient was compliant with his medication regimen, which confirmed the patient's normal weaning process. Therefore, the request for Norco, 10/325 mg, #60 was not medically necessary.

Flexeril, 7.5 mg, #45: Upheld

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

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

Decision rationale: According to page 63 of the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The patient presented with pain in his lower back. However, there was documentation of daytime somnolence due to Flexeril use. In addition, guidelines recommend short-term course of Flexeril. There was evidence of prescription of the medication since 1/2/14. The guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Flexeril, 7.5 mg, #45 was not medically necessary.