

Case Number:	CM14-0063747		
Date Assigned:	07/11/2014	Date of Injury:	07/24/2009
Decision Date:	09/09/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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 52-year-old patient had a date of injury on 7/24/2009. The mechanism of injury was not noted. In a progress noted dated 3/12/2014, subjective findings included pain in low back that radiates into right lower extremity. He reports 9/10 without pain medication and a 8/10 with pain medication. On a physical exam dated 3/12/2014, objective findings included pain and tenderness in paraspinal musculature with taut muscle bands and spasms. Diagnostic impression shows status post multiple level lumbar fusion on 4/15/2013, exacerbation of right low back pain with spasm and identifiable trigger points, right L4 radicular pain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 4/7/2014 denied the request for Norco 10/325mg #60, and Norco 7.5325mg #60, and Cyclobenzaprine 7.5#40. The reasons for the denials were not found in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. In a progress report dated 3/12/2014, the patient reports that the pain medications help him with activities of daily living, and VAS numbers were reduced. However, in a urine drug screen dated 2/20/2014, the patient tested positive for THC(Marijuana). Guidelines do not support opioid use when aberrant drug behavior exists. Therefore, the request for Norco 10/325 #60 is not medically necessary.

Cyclobenzaprine 7.5mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In a progress note dated 3/12/2014, it was noted that the patient was to continue flexeril 7.5mg 1 tid prn spasms #90. Guidelines do not support long term use due to risk of dependence, and the patient is documented to have been on flexeril since at least 1/14/2014. No rationale was provided to justify the long term use of this medication in this case. Therefore, the request for flexeril 7.5mg #40 was not medically necessary.

Norco 7.5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. In a progress report dated 3/12/2014, the patient reports that the pain medications help him with activities of daily living, and VAS numbers were reduced. However, in a urine drug screen dated 2/20/2014, the patient tested positive for THC(Marijuana). Guidelines do not support opioid use when aberrant drug behavior exists. Therefore, the request for Norco 7.5/325 #60 is not medically necessary.