

Case Number:	CM14-0074803		
Date Assigned:	07/16/2014	Date of Injury:	05/13/2009
Decision Date:	09/18/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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:

Patient is a 48-year-old male who has submitted a claim for low-back pain with sciatica associated with an industrial injury date of 5/13/2009. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, associated with numbness, tingling, and weakness. Patient reported symptom relief upon medication use. Physical exam of the lumbar spine showed tenderness and restricted range of motion. Lower extremity muscle strength was normal. Reflexes were intact. Sensation was slightly diminished at the left lower extremity. Gait was antalgic. Patient had a recent emergency hospital visit on 5/22/2014 due to excruciating back pain. Treatment to date has included lumbar surgery, physical therapy, chiropractic care, and medications such as Norco (March 2014), Flexeril (since October 2013), and Xanax (since March 2014). Utilization review from 4/25/2014 denied the request for Norco 10/325 #180 because of no documented functional improvement; denied Flexeril 7.5mg # 90 because long-term use was not recommended; and denied Xanax 1mg #30 because long-term use was likewise not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

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

Decision rationale: As stated on page 78 of CA 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, the earliest progress report citing Norco prescription was dated March 2014. Patient reported symptom relief upon its use. However, the medical records failed to provide evidence of objective functional improvement. Urine drug screen results were likewise not documented. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 #180 is not medically necessary.

Flexeril 7.5mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

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

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Flexeril since October 2013 as cited from utilization review. Patient reported symptom relief attributed to its use. However, the most recent physical examination failed to provide evidence of muscle spasm. Long-term use is likewise not recommended. Therefore, the request for Flexeril 7.5mg # 90 is not medically necessary.

Xanax 1mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on Xanax since March 2014. However, there was no clear indication for this medication. Furthermore, it is not recommended for long-term use as stated by the guidelines. The medical

necessity has not been established. Therefore, the request for Xanax 1mg # 30 is not medically necessary.