

Case Number:	CM14-0083808		
Date Assigned:	07/21/2014	Date of Injury:	10/22/2012
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/05/2014

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:

The injured worker is a male with date of injury 10/22/2012. Per primary treating physician's follow up evaluation dated 1/28/2014, the injured worker complains of continued and increasing pain to his lumbar spine radiating down the legs, with numbness and tingling to the lower extremities. On examination the lumbar spine reveals tenderness to palpation over the paraspinous region with spasms present. There is referred pain to both buttocks and lower extremities. Range of motion of the lumbar spine remains limited with flexion to 30 degrees, extension to 10 degrees, right lateral bending to 15 degrees and left lateral bending to 15 degrees. Straight leg raises remain positive bilaterally at 50 degrees. Extensor hallucis longus, extensor digitorum longus and tibialis anterior strengths are grade 5/5 bilaterally. Patellar and Achilles reflexes are normal and equal bilaterally. Sensation over the L4, L5 and S1 nerve roots on the right and left sides is decreased. The popliteal and dorsalis pedis pulses are normal and equal bilaterally. Diagnoses include 1) lumbar spine sprain and strain 2) multilevel disc protrusions, lumbar spine 3) clinical lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500 Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-78, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Medical necessity is not established for the use of Norco because the medical reports do not report the efficacy of opioid pain medications by improvement of pain symptoms and functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Vicodin 5/500 Qty 60 is determined to not be medically necessary.

Flexeril 10mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg Qty 30 is determined to not be medically necessary.