

Case Number:	CM14-0088608		
Date Assigned:	07/23/2014	Date of Injury:	07/19/2010
Decision Date:	12/04/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated May 30, 2014, the claims administrator failed to approve a request for Norco and Flexeril. Its decisions, the claims administrator stated, were based, in large part, on ODG's drug formulary. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated December 19, 2013, it was acknowledged that the applicant was a "qualified injured worker," implying that the applicant was not working. It was stated that the applicant was having pain with activities of daily living as basic as bathing and sleeping. The applicant apparently could not work for more than a few hours owing to ongoing pain complaints. In a January 2014 progress note, the applicant reported 4/10 low back pain, reportedly worsened by cold weather. The applicant was having issues with derivative complaints of anxiety and psychological stress. The applicant was given prescriptions for Flexeril, Norco, and Xanax. It was stated that Flexeril was being employed for muscle relaxant effect, Norco for pain purposes, and Xanax for anxiety and psychological stress purposes. On March 12, 2014, the applicant was again refills of Norco and Flexeril. The applicant was asked to begin Celexa for depression. On April 2, 2014, the applicant reported ongoing complaints of low back pain. The applicant stated that the medications often made him tired and simply led to his sleeping. In another section of the note, it was stated that the applicant was able to do more activities with his medications at times. This was not elaborated or expounded upon, however.

Norco, Celexa, Xanax, and Flexeril were apparently refilled. Permanent work restrictions were renewed. The applicant did not appear to be working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG 1 2X/DAY AS NEEDED #40 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 67, 82-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is no longer working with permanent limitations in place, the attending provider has posited. The attending provider, furthermore, has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Earlier commentary made by a medical-legal evaluator to the effect that the applicant is having difficulty performing activities of daily living as basic as sleeping and bathing, moreover, do not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.

FLEXERIL 10 MG EVERY DAY AT HOUR OF SLEEP #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 67.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. Here, the applicant is, in fact, using a variety of analgesic, anxiolytic, and psychotropic medications, including Norco, Xanax, Celexa, etc. Adding cyclobenzaprine (Flexeril) to the mix is not recommended. Therefore, the request is not medically necessary.