

Case Number:	CM14-0126641		
Date Assigned:	08/13/2014	Date of Injury:	03/13/2001
Decision Date:	01/07/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 13, 2001. Thus far, the injured worker has been treated with the following: Analgesic medications; earlier lumbar spine surgery; subsequent hardware removal; earlier IDET procedure; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 20, 2014, the claims administrator failed to approve request for Norco and Flexeril. The claims administrator stated that its decision was based on progress notes of June 20, 2014 and May 25, 2014. The injured worker's attorney subsequently appealed. In a November 24, 2004 Medical-legal Evaluation, the injured worker was given a primary diagnosis of failed back syndrome status post earlier multilevel lumbar fusion surgery. The medical-legal evaluator imposed permanent work restrictions and concluded that the injured worker was a qualified injured worker eligible for vocational rehabilitation benefits. In a progress note dated June 24, 2014, the injured worker reported ongoing complaints of low back pain, exacerbated by standing, walking, and stretching. The injured worker was not working, it was acknowledged. The injured worker was using Norco, tizanidine, and Ambien, it was noted. Norco, Ambien, and Flexeril were renewed, along with the injured worker's previously imposed permanent work restrictions. The attending provider stated that the pain medications were attenuating the injured worker's pain complaints. This was not elaborated upon, however. The attending provider stated that the injured worker was doing some stretching and walking daily. In a May 20, 2014 progress note, the injured worker again reported ongoing complaints of low back pain, mild to moderate, with persistent right lower extremity radicular complaints. In another section of the report, it was stated that the injured worker continued to experience a "grave deal" of low back pain. The attending provider stated that the injured worker's medication regimen was beneficial but did not

expound or elaborate upon the same. The attending provider stated that the injured worker's medications were ameliorating the injured worker's ability to ambulate. The injured worker was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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. Here, the injured worker is off of work. The injured worker has been ultimately described as 'permanent and stationary' and 'on total temporary disability' by his treating provider. The attending provider has reported on some occasions that the injured worker's pain complaints have been reduced with medication consumption. However, this has not been expounded upon or quantified and is, furthermore, outweighed by the injured worker's failure to return to work as well as the lack of an outline of any meaningful improvements in function achieved as a result of ongoing opioid therapy. The attending provider's commentary that the injured worker's ability to walk was ameliorated with ongoing medication consumption does not constitute evidence of substantiate improvement with the same. Accordingly, the request for Norco is not medically necessary.

Flexeril 10mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine 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. In this case, the injured worker is concurrently using Norco, an opioid agent. It is further noted that the 60-tablet, three-refill supply of Flexeril (cyclobenzaprine) at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

