

Case Number:	CM14-0150166		
Date Assigned:	09/18/2014	Date of Injury:	07/17/1994
Decision Date:	10/13/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old male with an industrial injury dated 07-17-1994. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine musculoligamentous sprain and strain with left lower extremity radiculitis, left sacroiliac (SI) joint sprain and abdominal-inguinal hernia repair in 1994. Treatment consisted of initial examination and radiographic imaging. According to the progress report dated 08-07-2014, the injured worker reported back pain and abdominal pain. Physical exam (08-07-2014) revealed tenderness to palpitation over the lumbar paravertebral musculature, left greater than right. Lumbar range of motion revealed 48 degrees flexion, 18 degrees extension, 18 degrees right side bending and 16 degrees left side bending. The treatment plan consisted of chiropractic therapy, ortho stimulation unit, lumbo-sacral orthosis (LSO), general surgical consultation and medication management. The treating physician prescribed Flexeril 7.5mg BID #60, Norco 5mg BID #60 and Anaprox 550mg BID #60. Utilization Review determination on 08-07-2014, non-certified the request for Flexeril 7.5mg BID #60, Norco 5mg BID #60 and Anaprox 550mg BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: The claimant has a remote history of a work injury in July 1994 and is being treated for low back pain and left sacroiliac joint pain with left lower extremity radiculitis and abdominal pain. He has a history of a hernia repair in 1994. The requesting provider for an initial evaluation saw him. He was having back and abdominal hernia pain. Physical examination findings included left sacroiliac joint and lumbar tenderness with spasms. There was decreased lumbar range of motion with a normal neurological examination. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no reported acute exacerbation. The quantity prescribed was consistent with more than 3 weeks of use. The request was not medically necessary.

Norco 5mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury in July 1994 and is being treated for low back pain and left sacroiliac joint pain with left lower extremity radiculitis and abdominal pain. He has a history of a hernia repair in 1994. The requesting provider for an initial evaluation saw him. He was having back and abdominal hernia pain. Physical examination findings included left sacroiliac joint and lumbar tenderness with spasms. There was decreased lumbar range of motion with a normal neurological examination. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, when prescribed, VAS pain levels were not documented which would make it difficult to determine his response to treatment. Anaprox and Flexeril were also prescribed and guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing multiple medications, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular medication. Prescribing Norco was not medically necessary.

Anaprox 550mg BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a remote history of a work injury in July 1994 and is being treated for low back pain and left sacroiliac joint pain with left lower extremity radiculitis and abdominal pain. He has a history of a hernia repair in 1994. The requesting provider for an initial evaluation saw him. He was having back and abdominal hernia pain. Physical examination findings included left sacroiliac joint and lumbar tenderness with spasms. There was decreased lumbar range of motion with a normal neurological examination. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Anaprox (naproxen) is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing was within guideline recommendations and medically necessary.