

Case Number:	CM14-0184039		
Date Assigned:	11/10/2014	Date of Injury:	02/05/2006
Decision Date:	03/17/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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: New Jersey
 Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 2/5/2006. She has reported low back pain. The diagnoses have included discogenic lumbar condition with bulging and facet changes, chronic pain syndrome. Treatment to date has included medications, diagnostics, hot and cold modalities, back brace and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, the IW complains of persistent low back pain rated 7/10 without medications and 4/10 with medication. She uses ice and heat and admits to having spasms in low back as well as numbness and tingling. The back pain increases with sitting, standing and walking for prolonged periods and the pain affects her activities of daily living (ADL's). She admits that the pain wakes her at night and she has depression due to chronic pain. The physical exam revealed lumbar flexion 30 degrees and extension 15 degrees. The IW has been approved for pain management and psychiatry. On 10/23/14 Utilization Review modified a request for 1 prescription of Norco 10/325mg #120 and 1 prescription of Flexeril 7.5mg #60, noting that there has been minimal improvement in functional capacity despite the chronic use of this medication and therefore certification of request for 1 prescription of Norco with no remaining tablets. Regarding the flexeril, the request was modified for weaning purposes only. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 10/23/14 Utilization Review non-certified a request for 1 urine drug test noting, that it has been recently recommended that the IW be weaned from opioids and therefore urine drug test is not medically necessary. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although it is reported that the Norco use had been reducing her pain significantly, there was an incomplete review of the Norco and its side effects as well as more detail on its measurable functional benefits, which was not included in any of the recent notes available for review. Therefore, without a specific and measurable functional benefit described in the notes, the Norco, will be considered medically unnecessary. Weaning may be necessary.

1 urine drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, AND Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence to suggest she was

inappropriately using her Norco or abusing other drugs, and there was no inappropriate or abnormal behavior noted, to justify regular drug screening. Therefore, the urine drug testing is not medically necessary.

1 prescription of Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although it was reported in the notes that she had been experiencing muscle spasm, there was no subjective evidence to suggest it was a daily or frequent symptom, and there was no objective evidence from physical examination findings to suggest that she was having an acute flare of her muscle spasm at the time of this request. Therefore, due to Flexeril being inappropriate for chronic use, as the worker had been using it, and without significant evidence to support even a short course of treatment with Flexeril, the Flexeril will be considered medically unnecessary.