

Case Number:	CM14-0184463		
Date Assigned:	11/12/2014	Date of Injury:	12/30/2005
Decision Date:	01/02/2015	UR Denial Date:	10/22/2014
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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57-year-old female with date of injury of 12/30/2005. The treating physician's listed diagnoses from 10/02/2014 are: 1. Lumbar spine sprain/strain syndrome, 2. L5 - S1 herniated nucleus pulposus, 3. Bilateral lower extremity radiculopathy, left greater than the right, 4. Reactionary depression/anxiety. According to this report the patient complains of persistent low back pain which radiates down both lower extremities, left greater than the right. She rates her pain 8/10 but with her current medical regimen it is down to 5/10, which is very manageable. The patient relies mostly on Motrin and occasionally Fexmid for flare up of her low back pain. The examination of the lumbar spine shows tenderness to palpation bilaterally along the posterior lumbar musculature, left greater than the right. There is increased muscle rigidity. She has decreased range of motion with both flexion and extension. Positive straight leg raise bilaterally. The documents include 2 progress reports from 06/05/2014 and 10/02/2014. The utilization review denied the request on 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, 2 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with low back pain. The treater is requesting A Norco 10/325 Mg Quantity 60, Two Month Supply from the 06/05/2014 report. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 06/05/2014. Prior medication history was not made available. The 06/05/2014 report notes, that the patient has signed an opioid treatment contract. The 10/02/2014 report shows that the patient's pain can go as high as 8/10 and with her current medical regimen, can go down to 5/10 which is very manageable. The treater does note GI issues with medication use. None of the reports discuss medication efficacy, no specifics regarding ADLs, no mention of quality of life changes, and no discussions regarding "pain assessments" as required by MTUS. The treating physician has failed to document the required criteria set forth in the MTUS guidelines for continued opioid usage. Therefore this request is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
cyclobenzaprine Page(s): 64.

Decision rationale: This patient presents with low back pain. The treater is requesting FEXMID 7.5MG QUANTITY 60 from the 10/02/2014 report. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Fexmid on 06/05/2014. Given that the MTUS support the use of this medication for only 2 to 3 weeks, the request would exceed guidelines. Recommendation is for denial.