

Case Number:	CM14-0191532		
Date Assigned:	11/25/2014	Date of Injury:	04/28/2008
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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 (IW) is a 51-year-old man with a date of injury of May 28, 2008. The mechanism of injury was not documented in the medical record. The IW is s/p lumbar laminectomy in 2008, and lumbar fusion in 2012. He has received treatment in the form of medications, rest, acupuncture therapy, epidural steroid injection, and surgeries. Pursuant to the Primary Treating Physician's Progress Report date September 20, 2014, the IW complains of pain in the low back and right leg in a S1 distribution. His foot is always numb. Medications work well to reduce pain and increase function. The IW is unable to work and is on permanent disability. Physical examination demonstrated cervical spine decreased flexion, extension, rotation, left lateral bending, and decreased right lateral bending. Tenderness was noted at the lumbar spine, and facet joint with decreased flexion, extension, and lateral bending. The IW was diagnosed with lumbago, low back pain; myofascial pain syndrome/fibromyalgia; and encounter with long RX use. Current medications include Metformin 850mg Ativan 1mg, Flexeril 10 mg, Norco 10/325 mg and Ibuprofen 600 mg. A urine drug screen dated July 30, 2014 was inconsistent with the medications being prescribed. The Flexeril was initially prescribed in 2008 according to the submitted documentation. Norco has been taken since at least April of 2014, and Ativan has been taken since at least July of 2014. There were no pain assessments or objective functional improvement documented while taking the prescribed medications. The provider is requesting authorization for Flexeril 10 mg #90, Norco 10/325 mg #90, and Ativan 1 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #90 is not medically necessary. The guidelines recommend non-sedating muscle relaxants as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker was diagnosed with myofascial pain syndrome and lumbago. Medical record indicates Flexeril has been taken as far back as 2008. Both the Medical Treatment Guidelines and the Official Disability Guidelines recommend Cyclobenzaprine (Flexeril) for no more than two weeks. There is no objective functional improvement noted in the medical record. Consequently, absent the appropriate documentation and compelling clinical facts promoting the prolonged use of Flexeril, Flexeril 10 mg #90 is not medically necessary.

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, a progress note dated August 6, 2013 indicates the injured worker was taking Vicodin as far back as April 18, 2013. The documentation does not contain evidence of objective functional improvement. Detailed pain assessments are not present in the medical record. Consequently, absent the appropriate documentation to support ongoing opiate use, Norco 10/325 mg #90 is not medically necessary.

Ativan 1 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 1 mg #90 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, Ativan appears in the medical record as early as July 30, 2014. It is unclear when Ativan was actually started. The injured worker is being treated for lumbago and myofascial pain syndrome. The documentation reflects the injured worker was taking Ativan 3 mg daily yet his drug screen were negative for the Benzodiazepine suggesting diversion of this medication. No additional documentation regarding this issue was present in the medical record and the treating physician continued to prescribe Ativan. Consequently, absent the appropriate documentation containing compelling evidence for continued long-term use of Ativan and inconsistent urine drug screen, Ativan 1 mg #90 is not medically necessary.