

Case Number:	CM14-0193718		
Date Assigned:	12/01/2014	Date of Injury:	05/19/2008
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/19/2014

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 54-year-old man with a date of injury of October 1, 2008. The mechanism of injury was not documented in the medical record. The current working diagnoses include status post anterior cervical discectomy and fusion at C5-C6 in 2009; cervical disc disease; and cervical radiculopathy. Pursuant to the Interventional Pain Management Follow-Up Evaluation Report dated September 5, 2014, the IW complains of cervical spine pain, which he rates 6-7/10 on a pain scale. The pain is described as constant, sharp and stabbing. The pain radiated down the bilateral shoulders, left greater than right, and down the hand with weakness, numbness, and a tingling sensation. He notes his pain has remained unchanged since his last visit on July 15, 2014. Physical examination reveals decreased normal lordosis. There is moderate cervical paraspinous muscle tenderness and spasm noted on the left trapezius. Axial head compression is positive on the left. Spurling's sign is positive on the left. There is facet tenderness to palpation at C4-C7 levels. The IW has started on Tramadol 50mg in July of 2014. Tramadol did not help relieve his pain. He is currently waiting for the outcome of the IMR concerning left C5-C6 transfacet epidural injection. Treatment plan recommendations include refill Motrin 800mg, and start Norco 5/500mg #60, Flexeril 7.5 #90, and Relafen 750mg #60. Of note, Norco does not come in the strength requested by the treating physician. The documented strength of 5/500 would be Vicodin, not Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/500 mg one p.o bid #60: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/500 mg one tablet PO BID #60 is not medically necessary. Ongoing, chronic opiate use requires an 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 improved quality of life. In this case, the injured workers working diagnoses are cervical spine disc syndrome, status post fusion surgery at C5 C6, bilateral upper extremity radiculopathy, bilateral carpal tunnel syndrome, gastropathy and depression. Norco 5/500mg is Vicodin, not Norco. The treating physician mislabeled the drug and for that reason the drug should be denied. The injured worker started on tramadol in a July 15th 2014 progress note. The documentation does not contain evidence of objective functional improvement while on tramadol. Norco was subsequently prescribed in a September 5, 2014 request. There is no documentation indicating the injured worker has not responded to first-line agents such as antidepressants and anticonvulsants. Additionally there is no documentation as to whether anti-inflammatory drugs provided relief. Consequently, absent the appropriate documentation with objective functional improvement and detailed pain assessments, Norco 5/501 tablet PO BID #60 is not medically necessary.

Flexeril 7.5mg one p.o. bid #90: 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): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg one po bid. #90 is not medically necessary. Muscle relaxants are recommended 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 workers working diagnoses are cervical spine disc syndrome, status post fusion surgery at C5 C6, bilateral upper extremity radiculopathy, bilateral carpal tunnel syndrome, Gastropathy and depression. The documentation indicates Flexeril was prescribed in a September 5, 2014 progress note. The guidelines recommend flexible for short-term (less than two weeks) treatment. The September 5, 2014 progress note states that patient's current complaint was cervical spine pain. Musser relaxants are indicated treatment of acute low back

pain and short-term treatment of acute exacerbations in patients with chronic low back pain. There was no clinical evidence of acute low back pain documented in the medical record. Consequently, absent the appropriate clinical indication and the short-term use, notwithstanding compelling clinical evidence for its continued use, Flexeril 7.5 mg 1 PO b.i.d. #90 is not medically necessary.