

Case Number:	CM14-0194227		
Date Assigned:	12/02/2014	Date of Injury:	06/05/2009
Decision Date:	01/27/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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:

45-years old female claimant sustained a cumulative work injury from 6/5/09 to 6/5/10 involving the low back. She was diagnosed with lumbar disc disease, lumbar facet syndrome and left foot neuropathy. A progress note on 11/11/14 indicated the claimant had 7/10 pain and states the pain lowers to 5/10 with the use of medication. Exam findings were notable for diffuse tenderness to palpation of the paraspinal muscles. There were positive piriformis and sacroiliac test findings. The claimant was scheduled to receive medial branch blocks. A refill was given for Norco, Motrin, Flexeril and Topamax. The claimant had a request for a urine drug screen in September 2014 at which time she had been on the same medications. The claimant had been on Norco and Motrin since at least March 2014 at which time a urine drug screen was consistent with medications given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Norco 10/325mg #120 (through Express Scripts 800-945-5951):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for several months. The continued use of Norco is not medically necessary.

Prospective Request for Flexeril 7.5mg #90 (through Express Scripts 800-945-5951):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. However in Low back pain they show no benefit over NSAIDS in pain and overall improvement. The efficacy diminishes over time and there is risk of dependency. In this case, the claimant had been on Flexeril for over a month. In addition, it had been used with an opioid and an NSAID. Continuation of Flexeril is not medically necessary.

Prospective Request for 1 Urine Drug Screen between 9/9/2014 and 9/9/201: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/addiction; and Urine Drug Testing (. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 90-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. Prior urine drug screen results did not indicate noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.