

Case Number:	CM14-0194909		
Date Assigned:	12/02/2014	Date of Injury:	02/17/2004
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 66-year-old male with a 2/17/2004 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 9/22/14 noted subjective complaints of neck pain and left leg pain. Objective findings included cervical and lumbar paraspinal tenderness. Diagnostic Impression: degenerative disc disease and lumbosacral spondylosis. Treatment to Date: medication management, neck and back surgery. A UR decision dated 10/20/14 denied the request for Norco 10/325 mg #480. There is no documentation of a maintained increase in function or decrease in pain with the use of this medication. It also denied Flexeril 7.5 #180. There is no documentation of a maintained increase in function or decrease in pain with the use of this medication. It also denied Condrolite 500/200/150 #180. There is no documentation provided supporting an osteoarthritic condition by physical exam and/or diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #480: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2004 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg, #480 was not medically necessary.

Flexeril 7.5, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP (low back pain) cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, given the 2004 date of injury, it is unclear how long this patient has been taking Flexeril. Guidelines do not recommend the chronic use of muscle relaxants, especially in the absence of clear documentation of objective functional benefit derived from its use. Finally, there is no documentation of any acute muscular exacerbation or spasm to warrant Flexeril use. Therefore, the request for Flexeril 7.5mg, #180 was not medically necessary.

Condrolite 500/200/150, #180 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. However, in the documents available for review, there is no documentation of a diagnosis of arthritis. There is no imaging reports suggestive or

osteoarthritis or physical exam findings consistent with arthritis. Therefore, the request for Condrolite 500/200/150, #180 with 2 refills was not medically necessary.