

Case Number:	CM14-0199298		
Date Assigned:	12/09/2014	Date of Injury:	05/21/1992
Decision Date:	01/30/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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, has a subspecialty in Internal Medicine, and is licensed to practice in Georgia. 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 is a 51-year-old female who reported an injury on 05/21/1992. The mechanism of injury was not specified. Her diagnoses included severe degenerative disc disease of the L4-5 and L5-S1, lumbar disc herniation at the L4-5 to the right, and severe disc height loss at the L4-5 and L5-S1. Her past treatments included various unspecified medications. The clinical progress note dated 11/19/2014 indicated the injured worker presented with complaints of severe low back pain that was rated 10/10 in intensity. The injured worker reported her pain level was typically reduced to 6/10 with the use of her current medications. She reported experiencing relief from the pain within 30 to 45 minutes of taking the medication, with relief lasting for approximately 2 to 4 hours. The injured worker reports over the past month prior to the 11/19/2014 visit her lowest pain level was 6/10 and her highest pain level was 9/10 in intensity, with an average of 6/10. She described the pain as burning, aching, throbbing, tightness, spasms, numbness, tenderness, swelling, weakness, hypersensitivity, and pressure. The note indicated the injured worker denied negative side effects with the medication and it was noted that the injured worker did not display any aberrant drug behaviors. The injured worker reports that without medication, she was practically bedridden. Her current medications included Norco 10/325 mg and OxyContin 40 mg; frequencies were not specified. The treatment plan included continuation of current medications. The request was for Norco 10/325 mg #120, Flexeril 10 mg #90, and OxyContin 40 mg #90. A clear rationale for the request was not provided; however, the Request for Authorization form dated 11/19/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #120 is medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opiate, how long it takes for pain relief, and how long the pain relief lasts. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. The clinical documentation submitted included subjective evidence of significant pain relief with the use of Norco and there was noted improved functionality. There was also documented evidence to support that there were no significant adverse effects or aberrant behavior on the part of the injured worker, and a urine drug screen performed within the last year was also submitted. As such, the request for Norco 10/325 mg #120 is medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: The request for Flexeril 10 mg #90 is not medically necessary. The California MTUS Guidelines state Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. There is limited mixed evidence that does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment, suggesting a shorter course of treatment with the medication. The clinical documentation indicated the injured worker had been prescribed Flexeril for an extended period of time; however, the actual start date for the medication was not provided. Additionally, the request as submitted failed to indicate a frequency of use to which the medication is prescribed in order to determine the medical necessity for the request. As such, the request for Flexeril 10 mg #90 is not medically necessary.

OxyContin 40mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 77-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for OxyContin 40 mg #90 is medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opiate, how long it takes for pain relief, and how long the pain relief lasts. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. The clinical documentation submitted included objective evidence of significant pain relief with the use of Norco and there was noted improved functionality. There was also documented evidence to support that there were no significant adverse effects or aberrant behavior on the part of the injured worker, and a urine drug screen performed within the last year. As such, the request for OxyContin 40 mg #90 is medically necessary.