

Case Number:	CM14-0200536		
Date Assigned:	12/10/2014	Date of Injury:	07/28/2011
Decision Date:	01/28/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52-year-old man who sustained a work related injury on July 28, 2011. Subsequently, he developed chronic neck and back pain. On a medical report dated September 24, 2014, the patient stated that Norco reduces his pain level down from 9 to 5/10 and he was able to increase his activities of daily living. According to the progress report dated October 23, 2014, the patient continued complaining of neck and back pain and stiffness, headaches, and depression. He described his pain across both sides of the low back radiating down into the legs with numbness and tingling, much more on the right than the left. He reported pain radiating into the mid back. He described severe pain in the neck radiating to the arms with numbness and tingling. The patient was given an epidural steroid injection on October 8, 2014, with 50% reduction in pain for about a week. Objective findings included: stiffness of the lumbar spine. Range of motion of the lumbar spine: flexion 45 degrees, extension 15 degrees. Straight-leg raise test was positive on the right to 30 degrees and positive on the left to 60 degrees. There was moderate-to-severe point tenderness over the right lumbar paravertebral and gluteal muscles associated with 2 to 3 mm muscle induration at each side. there were sensory deficits along the C5, C6, and C7 dermatomes bilaterally in the L4, L5, and S1 dermatomes. There was also sensory deficit along the T6-T7 dermatomes bilaterally. . Neurologically, he was intact. The patient was diagnosed with lumbar stain with herniated disc, cervical strain with herniated disc, status post fusion L5-S1, headaches, and depression. The provider requested authorization for Flexeril and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization of Flexeril 10mg, # 30 is not medically necessary.

Norco 7.5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, despite the documentation of some pain improvement with the use of Norco, there is no objective documentation of functional improvement. There is no documentation of current UDS (urine drug screen) to document the patient compliance and to rule out any drug abuse. There is no

documented updated and signed pain contract. Therefore, the prescription of Norco 7.5/325mg, #60 is not medically necessary.