

Case Number:	CM14-0203556		
Date Assigned:	12/16/2014	Date of Injury:	09/20/2006
Decision Date:	02/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/05/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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 is a 53 year old male with a date of injury of 9/20/2006. The mechanism of injury was not indicated. Past medical history included hypertension and diabetes. Diagnoses include discogenic lumbar condition, ankle inflammation status post cortisone injection, and internal derangement of the left knee. Per the 12/17/2014 orthopedic surgeon progress note, the injured worker was seen for low back, left knee and right ankle issues. Reportedly pain is worse in cold weather. Physical examination indicated tenderness of the lumbar paraspinal muscles, with the left knee at full extension and good strength of the right ankle. Trigger point injections were done on 11/14/2014 and the injured worker was returned to modified duty. Past medical treatment included chiropractic, acupuncture, physical therapy and massage. Plan of care included use of TENS (transcutaneous electrical nerve stimulation), ice/heat/bracing and continued use of Flexeril and Norco. Per the Utilization Review dated 12/4/2014, Flexeril was modified from the requested 60 tablets to 30 tablets. Per the UR, the physician has not provided documentation of the intended frequency of use therefore 30 tablets were considered necessary. The UR modified the requested Norco (Hydrocodone/APAP) 120 tablets to 60. Per the UR, the physician has not specified the intended frequency of use. Per the UR medical necessity is not apparent as the physician has simply stated that the pain is severe, but has not documented any significant abnormal physical examination findings other than tenderness and decreased range of motion. Therefore, only 60 tablets were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Fexmid) 7.5mg #60: 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): 64-64.

Decision rationale: With regard to muscle relaxants, the MTUS Chronic Pain Medical Treatment Guidelines states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per the documentation submitted for review, the request is indicated for the injured worker's severe muscle spasms in the low back. However, as the request is for #60, it is not indicated as muscle relaxants are only recommended for short term use. Therefore, this request is not medically necessary.

Norco (Hydrocodone/APAP) 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids, "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating

physician in the documentation available for review. It was noted per progress report dated 9/23/14 that the use of this medication decreased the injured worker's pain from 7-8/ to 4-5/10. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, this request is not medically necessary.