

Case Number:	CM14-0205852		
Date Assigned:	12/17/2014	Date of Injury:	03/31/2006
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/09/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 46-year-old male with an injury date of 03/31/2006. Based on the 08/27/2014 progress report, the patient complains of low back pain and thoracic spine pain. He has a stabbing pain in the low back with pins and needles sensation, which he rates as a 5/10. The patient has tingling and numbness into his bilateral legs, worse in the left. He has headaches and suffers from lack of sleep, only getting 4 hours of sleep at night. The 10/14/2014 report indicates that the patient has mid and low back pain which he rates as a 7/10. There is tenderness to palpation in the thoracic spine at the inferior ends of the bilateral trapezius and diffusely throughout the lumbar spine. The patient has a decreased range of motion in the thoracic and lumbar spine in every plane. He has decreased sensation in the right L3, L4, and L5 dermatomes. The 11/11/2014 report provides no new additional positive exam findings. The patient's diagnoses include the following: 1. Multiple HNP, lumbar spine. 2. Lumbago. The utilization review determination being challenged is dated 11/19/2014. There were 4 treatment reports provided from 06/11/2014 - 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 15: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Opioids Page(s): (s) 9, 63-64, 66, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: The patient presents with low back pain as well as midback pain. The request is for Norco 5/325 mg quantity #15. The rationale is that "There has not been related or documented compliance to the pain management contractual agreement. The 4A domains have not been addressed by the provider and the medical record available for review. This must be documented, addressed, and confirmed to be complied with at each follow-up visit." The patient has been taking Norco as early as 06/11/2014. MTUS Guidelines pages 88 - 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 06/11/2014 report states, "Medication regimen helps to reduce his pain 80-90%. He states his medications allow him to increase his activity level. The patient denies any side effects to the medications. CURES report dated 03/26/2014 is consistent." The 08/27/2014 report states "Medication regimen helps to reduce his pain 60-80%. He states these medications allow him to increase his activity level. The patient denies any side effects to the medications. The patient rates his low back pain as a 5/10." The 10/14/2014 report states that the patient rates his low back pain as a 7/10. "He states the medications allow him to sit down and walk for longer periods of time. He denies any side effects to medications." The 11/11/2014 report states that "The medications reduced his pain from a 5/10 to a 0/10 on the pain scale. He states the medications allow him to sit down and walk for longer periods of time. He denies any side effects to the medications. CURES report dated 10/11/2014 is consistent. UDS dated 10/10/2014 is positive for Norco and consistent." In this case, all 4 A's were clearly addressed. The patient has pain relief with the use of Norco. The treater documents specific ADLs which demonstrate medication efficacy. The patient does not have any adverse behaviors or side effects. The patient has signed a CURES report dated 10/11/2014 and is consistent. The patient had a UDS on 10/10/2014 and is positive for Norco which is consistent. The treating physician has documented the minimum requirements that are outlined in the MTUS for continued opiate use. The requested Norco is medically necessary.

Cyclobenzaprine 7.5mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 9, 63-64, 66, 74, 78-97.

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

Decision rationale: The patient presents with low back pain and midback pain. The request is for Cyclobenzaprine 7.5 mg quantity 30. The patient has been taking cyclobenzaprine as early as 10/14/2014. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating

muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for muscle relaxant conditions." Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."In this case, the patient has been taking cyclobenzaprine as early as 10/14/2014, which exceeds the 2 to 3 weeks that is recommended by MTUS. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. Therefore, the requested cyclobenzaprine is not medically necessary.