

Case Number:	CM14-0209401		
Date Assigned:	12/22/2014	Date of Injury:	08/19/2009
Decision Date:	02/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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 39 year-old male with a 8/19/2009 date of injury. 4 medical reports were provided for review from 7/23/14 through 11/19/14. According to the 11/19/14 pain management report, the patient presents with low back and left lower extremity pain. MRI shows left paracentral protrusion at left L5/S1 partially effacing the left S1 root. EMG/NCV showed left L5, S1 radiculopathy. ESI did not help. 18 sessions of acupuncture was reported to be beneficial, he was able to be more active with his family, walk longer distance and decrease use of medications. The report states he takes Norco 10/325mg 1-2 tablets/day, he uses Valium for spasms. The plan was to refill Norco 10/325mg bid for 60 days; ibuprofen 800mg tid for 30 days #90 with 2 refills, and start cyclobenzaprine 5mg 1 tablet 2/day for 30 days. On 12/08/14 utilization review modified use of Norco, and denied ibuprofen and cyclobenzaprine. The rationale is that ongoing use of medication did not result in a return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: According to the 7/23/14 report, the patient has been taking Norco and ibuprofen over the past 11-months. This request is for continued use of Norco. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids (6-months or more)" provides the criteria "Document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The available medical reports from 7/23/14 through 11/19/14 did not discuss pain and functioning with a numeric scale of validated instrument. There is no clear functional improvement or improvement in pain compared to baseline with use of Norco. The MTUS criteria for use of opioids, under long-term users of opioids, have not been met. The request for Norco 10/325mg #120 is not medically necessary.

Ibuprofen 800mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22, 9.

Decision rationale: According to the 7/23/14 report, the patient has been taking Norco and Ibuprofen over the past 11-months. This request is for continued use of Ibuprofen. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS Chronic Pain Medical Treatment Guidelines, page 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Ibuprofen MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for Ibuprofen 800mg #270 is not medically necessary.

Cyclobenzaprine 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41-42, 63-66.

Decision rationale: The records show that Cyclobenzaprine was initially prescribed on 11/19/14. The report states that Cyclobenzaprine 5mg was prescribed as 1 tablet 2 times a day for 30 days, #30. The report does not provide a rationale for prescribing the muscle relaxant. The report states the patient was also started on Valium for severe spasms and that Valium was helpful for the spasms, because when he has spasms he cannot get out of bed. MTUS Chronic Pain Medical Treatment Guidelines page 41-42 for Cyclobenzaprine (Flexeril) states the addition of Cyclobenzaprine to other agents is not recommended. MTUS Chronic Pain Medical Treatment Guidelines page 63-66, "Muscle relaxants (for pain)" under ANTISPASMODICS: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Dosing states: This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) MTUS Chronic Pain Medical Treatment Guidelines page 63-66 "Muscle relaxants (for pain)" 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. The patient has chronic low back pain, the last exacerbation was reported in August 2014, and he was given Valium for muscle spasms. MTUS states the addition of Cyclobenzaprine to other agents is not recommended; and states muscle relaxants are a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The patient does not meet the MTUS criteria for use of Cyclobenzaprine. The request for Cyclobenzaprine 5mg #30 is not medically necessary.