

Case Number:	CM14-0209910		
Date Assigned:	12/22/2014	Date of Injury:	03/20/2013
Decision Date:	05/05/2015	UR Denial Date:	12/04/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 64 year old male who sustained an industrial injury on 03/20/2013. He reported back pain. The injured worker was diagnosed as having a L3-L4 disc protrusion, probable pre-existing central canal stenosis, moderate to severe cauda equine syndrome, and lower extremity radiculopathy. Treatment to date has included conservative care that included acupuncture, physical therapy, work restrictions, and oral pain medications. Currently, the injured worker complains of lower back pain with muscle spasms and cramping with pain radiating into the right buttock, thigh and intermittently in the calf. The plan of treatment includes continuation of opioid pain medications and muscle relaxants that the worker has been on prior. The physician made a request for authorization for Norco 10/325mg #90, and Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnosis are L3 - L4 dramatic disc protrusion, industrial in nature, the pre-existing central stenosis from ligamentous and facet hypertrophy with moderate to severe cauda equina syndrome and lower extremity radiculopathy. The documentation shows the Norco, Flexeril and naproxen were prescribed a neurosurgical consultation on June 13, 2014. The injured worker had a two-day flare up of pain with a VAS pain scale of 8/10. The injured worker's baseline VAS pain scale is 5/10. In the most recent progress note in the medical record, October 30, 2014, the treating provider has continued Norco 10/325 mg and Flexeril 10 mg. The VAS pain scale is 6/10. There is no documentation of objective functional improvement. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There has been no apparent attempt to wean off Norco. Consequently, absent compelling clinical documentation with objective functional improvement to gauge Norco efficacy, Norco 10/325 mg # 90 is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis are L3 - L4 dramatic disc protrusion, industrial in nature, the pre-existing central stenosis from ligamentous and facet hypertrophy with moderate to severe cauda equina syndrome and lower extremity radiculopathy. The documentation shows the Norco, Flexeril and naproxen were prescribed a neurosurgical consultation on June 13, 2014. The injured worker had a two-day flare-up of pain with a VAS pain scale of 8/10. The injured

worker's baseline VAS pain scale is 5/10. In the most recent progress note in the medical record, October 30, 2014, the treating provider has continued Norco 10/325 mg and Flexeril 10 mg. The VAS pain scale is 6/10. There is no documentation of objective functional improvement. Flexeril is indicated for short-term (less than two weeks) use. The injured worker has been on Flexeril in excess of five months. The treating physician exceeded the recommended guidelines without a compelling clinical need. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term (less than two weeks) use, Flexeril 10 mg #60 is not medically necessary.