

Case Number:	CM14-0049247		
Date Assigned:	09/12/2014	Date of Injury:	11/18/2004
Decision Date:	01/31/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 Internal 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 (IW) is a 50-year-old man with a date of injury of November 18, 2004. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are post lumbar laminectomy syndrome; lumbar radiculopathy; and disc disorder lumbar. Pursuant to the visit note dated February 27, 2014, the IW complains of lower backache. The pain is unchanged since last visit. Quality of sleep is fair. Activity level has remained the same. The IW is taking his medications as prescribed with no side effects. Physical examination reveals the IW has a global antalgic gait and is assisted by a cane. Examination of the thoracic spine reveals tenderness and tight muscle bands bilaterally, and tenderness of the paravertebral muscles. Examination of the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted with flexion limited to 40 degrees, extension limited to -10 degrees, right lateral bending limited to 20 degrees, and left lateral bending limited to 25 degrees. On palpation, paravertebral muscles, hypertonicity, spasms, tenderness, tight muscle bands and trigger points (a twitch response was obtained along with radiating pain on palpation) are noted on both sides. Spinous process tenderness is noted on L4 and L5. Lumbar facet loading is positive on both sides. Straight leg raise test is negative. Babinski's sign is negative. All lower extremity reflexes are equal and symmetric. Tenderness is noted over the sacroiliac spine. Motor testing is limited by pain. Current medications include Norco 10/325mg, Dilaudid 4mg, Avinza 60mg, Gabapentin 600mg, Ambien 10mg, Prilosec 20mg, Flexeril 10mg, Cymbalta 30mg, and Zanaflex 4mg. Documentation indicates the IW has been taking the aforementioned medications since September 6, 2013 according to a progress note with the same date. It is unclear if these were new prescriptions or refills, as this was the earliest progress note in the medical record. The documentation does not contain evidence of objective functional improvement with the long-term use of Dilaudid, Norco, Avinza, and Flexeril. There were no

detailed pain assessments in the medical record. There were no recent urine drug screens available for review. The current request is for Norco 10/325mg #180, Dilaudid 4mg #30, Avinza 60mg #30, and Flexeril 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 MG 1 Tab Every 4-6 Hours As Needed For PainQuantity 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 one tablet every 4 to 6 hours PRN #180 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome; lumbar radiculopathy; and disk disorder lumbar. The documentation indicates the injured worker was taking Norco 10/325mg as far back as September 6, 2013. The documentation does not contain evidence of objective functional improvement with the continued use of Norco. Additionally, the injured worker is taking to other long-acting opiates. The treating physician prescribed Dilaudid and Avinza (morphine sulfate). Narcotics have an additive effect. There are no detailed pain or risk assessments or urine drugs screens. Consequently, absent the appropriate clinical documentation indicating objective functional improvement, an attempt to taper or wean the injured worker off the respective opiates, Norco 10/325 mg one tablet every 4 to 6 hours PRN #180 is not medically necessary.

Flexeril 10 MG Tablet 1 Tablet 3 Times A Day Quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. 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 one tablet three times a day #90 is not medically necessary. Most relaxants are recommended for short-term (less than two weeks) treatment of acute low

back pain and short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome; lumbar radiculopathy; and disk disorder lumbar. Documentation in the medical record indicates the injured worker was taking Flexeril 10 mg as far back as September 6, 2013. The documentation does not contain evidence of objective functional improvement. The treating physician clearly exceeded the short-term (less than two weeks) guidelines for flexible use. The documentation does not contain compelling clinical facts to support the ongoing use of Flexeril. Additionally, the injured worker is taking three long acting narcotics concurrently with Flexeril. Opiates have an additive effect over and above muscle relaxants in terms of side effects. There are no detailed pain or risk assessments or urine drugs screens. Consequently, absent the appropriate clinical documentation with objective functional improvement, clinical rationale to support the long-term use of muscle relaxants in contravention of the recommended guidelines, Flexeril 10 mg one tablet three times a day #90 is not medically necessary.

Dilaudid 4 MG Tablet, Tablet At Bedtime As Needed Quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Dilaudid 4 mg one tablet at bedtime as needed # 30 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome; lumbar radiculopathy; and disk disorder lumbar. The documentation indicates the injured worker was taking Dilaudid 4mg mg as far back as September 6, 2013. The documentation does not contain evidence of objective functional improvement with the continued use of Dilaudid. Additionally, the injured worker is taking to other long-acting opiates. The treating physician prescribed Norco and Avinza (morphine sulfate). Narcotics have an additive effect. There are no detailed pain or risk assessments or urine drugs screens. Consequently, absent the appropriate clinical documentation indicating objective functional improvement, an attempt to taper or wean the injured worker off the respective opiates, Dilaudid 4 mg one tablet at bedtime as needed #30 is not medically necessary.

Avinza 60 MG Capsule Take One Daily Quantity 20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Avinza 60mg one tablet daily is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome; lumbar radiculopathy; and disk disorder lumbar. The documentation indicates the injured worker was taking Avinza 60mg mg as far back as September 6, 2013. The documentation does not contain evidence of objective functional improvement with the continued use of Avinza. Additionally, the injured worker is taking to other opiates. The treating physician prescribed Norco and Dilaudid. Narcotics have an additive effect. There are no detailed pain or risk assessments or urine drugs screens. Consequently, absent the appropriate clinical documentation indicating objective functional improvement, an attempt to taper or wean the injured worker off the respective opiates, Avinza 60 mg one tablet daily as needed is not medically necessary.