

Case Number:	CM15-0000813		
Date Assigned:	01/12/2015	Date of Injury:	10/10/2007
Decision Date:	03/10/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/05/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 32 year old male, who sustained an industrial injury on October 10, 2007. He has reported injury of the lower back with pain radiation to the right leg, after pushing a heavy bin of produce. The diagnoses have included right lumbar radiculopathy, status post microlumbar decompressive surgery, and lumbar disc herniation. Treatment to date has included medications, radiological imaging, rest, pain injections, and chiropractic, epidural steroid injections, and acupuncture treatments. Currently, the Injured Worker complains of low back and leg pain. The medical records indicate the injured worker has had 60% relief with epidural steroid injections, completed 24 chiropractic sessions with minimal relief, 20 acupuncture visits with minimal relief, and 50% relief with Norco 10/325. The medical records indicate he has been prescribed Norco 10/325 mg, since June 2014. The records indicate he has been prescribed Flexeril (Cyclobenzaprine) 7.5 mg, since July 2014. On December 20, 2014, Utilization Review non-certified the request for one (1) prescription of Cyclobenzaprine 7.5 mg, quantity #60, and one (1) prescription of topical compounded CM4-caps 0.05% and Cyclo 4%, one (1) prescription of Norco 10/325mg, quantity #90, and one (1) prescription of Senna, quantity #60, based on Chronic Pain Medical Treatment, and alternative non-MTUS guidelines. On December 29, 2014, the injured worker submitted an application for IMR for review of one (1) prescription of Cyclobenzaprine 7.5 mg, quantity #60, and one (1) prescription of topical compounded CM4-caps 0.05% and Cyclo 4%, one (1) prescription of Norco 10/325mg, quantity #90, and one (1) prescription of Senna, quantity #60. The primary diagnosis is lumbar disc displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 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 Section 2 Page(s): pp 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine 7.5 mg # 60. This is not medically necessary and the original UR decision is upheld.

Topical compounded CM4-CAPS 0.05% and Cyclo 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-112.

Decision rationale: The CA MTUS recommends use of topical analgesics primarily as an option for neuropathic pain when first line agents such as antidepressants and anticonvulsants have failed. There is little to no research on safety and efficacy of such compounds. Use of any combination compound in which any component is not approved for use by MTUS is not allowed. Topical muscle relaxants such as cyclobenzaprine, are not approved. Topical compounded CM4-CAPS0.05% and cyclo 4% is therefore not medically indicated in this case of degenerative joint pain in the wrist.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need

for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. The documents continued pain despite the use of the medication. It does not address the efficacy of concomitant medication therapy. There is ample evidence of prior reviews indicating a need for weaning, Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.

Senna #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain

Decision rationale: CA MTUS guidelines do not address the use of stool softeners. ODG describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. If this fails to control constipation, second line pharmacologic therapies may be considered. In this case, there is no documentation of any trial of first line therapy. Additionally, as ongoing opioid treatment is not medically necessary, there is no indication for use of senna. Use of senna is not medically indicated under these circumstances.