

Case Number:	CM15-0102377		
Date Assigned:	07/17/2015	Date of Injury:	06/15/2002
Decision Date:	08/13/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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
 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 49 year old male with an industrial injury dated 06/15/2002. His diagnoses/impression included flare up of back pain, lumbar sprain/strain with degenerative joint disease, facet arthrosis and left radicular symptoms. Prior treatment included medications and exercise program. He presents on 04/09/2015 with complaints of severe pain in his back with muscle spasms. He reports a 50% reduction in pain and a 50% functional improvement with activities of daily living with medication versus not taking it at all. He rated his pain as 8/10, at best 4/10 with his medications and 10/10 without medications. He stated his medications were being denied. Physical exam revealed palpable rigidity in the lumbar trunk with antalgic posture. Right and left straight leg raising were both 80 degrees causing left sided back pain that radiated in the left buttock and posterior thigh. There was sensory loss to light touch and pinprick at the left lateral calf and bottom of his foot. His medications included Percocet, Flexeril and Zorvolex. Treatment plan included medications and exercise program with re-evaluation in 4 weeks. He remained under a narcotic contract with the office. Urine drug screens had been appropriate. The provider documents the injured worker is working, more functional and has decreased pain with the medications versus not taking them at all. The request for one prescription for Flexeril 10 mg #45 and one prescription for Zorvolex 35 mg #90 were authorized. The requests for one prescription of Imitrex 100 mg #9 and one prescription of Topamax 100 mg #60 were conditionally non-certified. The request for review is for prescription for Percocet 10/325 mg #120 and prescription for Soma 350 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-84.

Decision rationale: The injured worker is a 49 year old male with an industrial injury dated 06/15/2002. His diagnoses/impression included flare up of back pain, lumbar sprain/strain with degenerative joint disease, facet arthrosis and left radicular symptoms. Prior treatment included medications and exercise program. He presents on 04/09/2015 with complaints of severe pain in his back with muscle spasms. He reports a 50% reduction in pain and a 50% functional improvement with activities of daily living with medication versus not taking it at all. He rated his pain as 8/10, at best 4/10 with his medications and 10/10 without medications. He stated his medications were being denied. Physical exam revealed palpable rigidity in the lumbar trunk with antalgic posture. Right and left straight leg raising were both 80 degrees causing left sided back pain that radiated in the left buttock and posterior thigh. There was sensory loss to light touch and pinprick at the left lateral calf and bottom of his foot. His medications included Percocet, Flexeril and Zorvolex. Treatment plan included medications and exercise program with re-evaluation in 4 weeks. He remained under a narcotic contract with the office. Urine drug screens had been appropriate. The provider documents the injured worker is working, more functional and has decreased pain with the medications versus not taking them at all. The request for one prescription for Flexeril 10 mg #45 and one prescription for Zorvolex 35 mg #90 were authorized. The requests for one prescription of Imitrex 100 mg #9 and one prescription of Topamax 100 mg #60 were conditionally non-certified. The request for review is for prescription for Percocet 10/325 mg #120 and prescription for Soma 350 mg #60.

Prescription for Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy

appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.