

Case Number:	CM15-0102889		
Date Assigned:	06/05/2015	Date of Injury:	02/05/2008
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53-year-old female, who sustained an industrial injury on 2/5/08. The injured worker was diagnosed as having Discogenic lumbar condition, with stenosis from L3 to S1 and chronic pain syndrome. Treatment to date has included H-wave, oral medications including Norco, Motrin, Gabapentin, physical therapy and home exercise program. Currently, the injured worker complains of ongoing low back pain associated with muscle spasms and stiffness and leg pain. She rates the pain 8/10 to 10/10 with some relief provided with medications. She is currently not working. Physical exam noted tenderness across the lumbar paraspinal area, restricted lumbar range of motion and ambulation with a cane. A request for authorization was submitted for Norco, Motrin, Gabapentin, Flexeril and Effexor. The treatment plan included prescriptions for Norco, Motrin, Gabapentin and Flexeril and Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #160: 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): 79.

Decision rationale: Norco #160 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.

Flexeril 7.5 mg #60: Upheld

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

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

Decision rationale: Flexeril 7.5 mg #60 is not medically necessary for the client's chronic medical condition. Flexeril is Cyclobenzaprine. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.