

Case Number:	CM15-0104379		
Date Assigned:	06/08/2015	Date of Injury:	06/05/2013
Decision Date:	07/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 5, 2013. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve requests for Norco and Flexeril. The claims administrator referenced an April 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported ongoing complaints of neck, low back, and thumb pain. The applicant exhibited stiff, slow, and guarded gait. The applicant was using Ultracet for pain relief. Highly variable 5 to 8/10 pain complaints were noted. The applicant was not working, it was acknowledged in multiple sections of the note. Epidural steroid injection therapy was pending. Little-to-no discussion of medications efficacy transpired. On January 20, 2015, the applicant again reported multifocal complaints of neck, low back, thumb and hand pain. The applicant was having difficulty sleeping at night. The applicant's medications were not working, it was reported. 7 to 9/10 pain complaints were noted. The applicant was using Flexeril as of this point, it was reported. The applicant was not working, it was acknowledged in multiple sections of the note. On March 9, 2015, the applicant again reported ongoing complaints of low back pain radiating to the legs, severe, 8/10. It was suggested that the applicant was using Ultracet as of this point in time. Epidural steroid injection therapy and Norco were sought. The request for Norco was framed as a first-time request for the same. The Flexeril was also prescribed. The applicant was given rather 10-pound lifting limitation, seemingly resulting in his removal from the workplace. On April 3, 2015, the applicant reported ongoing complaints of low back, neck,

and hand pain. The applicant was not working with restrictions in place, it was acknowledged. The applicant's back pain complaints were described as constantly hurting. Little-to-no discussion of medication efficacy transpired. The applicant was asked to transfer care elsewhere.

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, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was not working; it was acknowledged on multiple reports referenced above of early 2015. The applicant continued to report pain complaints sometimes as high as 6 to 8/10, despite ongoing medication consumption, including Norco usage. The attending provider failed to outline either meaningful or material improvements in function or quantifiable decrements in pain (if any) suspected because of ongoing Norco usage. Therefore, the request was not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using Norco and Ultracet, two other agents. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine (Flexeril) at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.