

Case Number:	CM15-0105159		
Date Assigned:	06/09/2015	Date of Injury:	08/15/2002
Decision Date:	07/14/2015	UR Denial Date:	04/30/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old male who reported an industrial injury on 8/15/2002. His diagnoses, and/or impressions, are noted to include: chronic cervical and lumbar strain; chronic headaches; status-post lumbar discectomy (2003); bilateral upper and lower extremity radiculopathy; and gastritis. No current imaging studies are noted. His treatments have included acupuncture treatments - effective; pain management; and modified work duties. The progress notes of 2/24/2015 noted complaints of persistent, moderate-severe pain in the neck, lower back, and bilateral shoulders, unchanged since his last visit, worsened by activities and made better with his current medications. Objective findings were noted to include no acute distress; tenderness with positive Sprulings test on the left, and decreased range-of motion of the cervical spine; tenderness with positive Kemps, bilaterally, and decreased range-of-motion to the lumbar spine; diffuse tenderness with weak grip strength and decreased range-of-motion to the bilateral wrists; and no signs of abuse, overuse or adverse reactions to his medications. The physician's requests for treatments were noted to include the continuation of Norco as needed for pain, Prilosec and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in August 2002 and continues to be treated for neck, low back, and bilateral shoulder pain. When seen, Norco is referenced as decreasing pain from 8/10 to 4-5/10. He was participating in acupuncture treatments. Physical examination findings included decreased cervical spine range of motion with positive Spurling's testing. There was decreased lumbar spine range of motion with positive Kemp's testing and paraspinal muscle spasms. There was decreased wrist and hand range of motion with tenderness and decreased grip strength and sensation. Norco, Flexeril, and Prilosec were prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in August 2002 and continues to be treated for neck, low back, and bilateral shoulder pain. When seen, Norco is referenced as decreasing pain from 8/10 to 4-5/10. He was participating in acupuncture treatments. Physical examination findings included decreased cervical spine range of motion with positive Spurling's testing. There was decreased lumbar spine range of motion with positive Kemp's testing and paraspinal muscle spasms. There was decreased wrist and hand range of motion with tenderness and decreased grip strength and sensation. Norco, Flexeril, and Prilosec were prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Prilosec was not medically necessary.

Flexeril 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in August 2002 and continues to be treated for neck, low back, and bilateral shoulder pain. When seen, Norco is referenced as decreasing pain from 8/10 to 4-5/10. He was participating in acupuncture treatments. Physical examination findings included decreased cervical spine range of motion with positive Spurling's testing. There was decreased lumbar spine range of motion with positive Kemp's testing and paraspinal muscle spasms. There was decreased wrist and hand range of motion with tenderness and decreased grip strength and sensation. Norco, Flexeril, and Prilosec were prescribed. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.