

Case Number:	CM15-0017469		
Date Assigned:	02/05/2015	Date of Injury:	02/07/2010
Decision Date:	04/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/29/2015

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: Texas, California
 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:

This is a 34 year old patient, who sustained an industrial injury on 2/7/2010. The diagnoses include lumbosacral neuritis and lumbar disc displacement. A recent detailed clinical evaluation note is not specified in the records provided. Per the peer review note dated 1/7/2015, patient presented on 12/18/2014 with low back pain. The physical examination revealed limited range of motion. The medications list includes norco, relafen and flexeril. Per the medical record notes in 12/2010, he presented with a cerumen impaction, received a bilateral ear wash, and as stated, he had a work-related, back injury with re-injury, received magnetic resonance imaging and care via workman's compensation, and was on modified work restrictions. Per the note dated 12/11/2011 he had a wrist problem resulting in a diagnosis of a ganglion cyst (potentially industrial related), and cerumen impaction resulting in another bilateral ear wash. The next medical record for 5/3/2011 notes a physical examination for a driver's license. No other medical records were available for my review. Treatments to date have included multiple consultations; medical and psych, diagnostic treadmill stress test, cardiac; diagnostic cardiac stress test; normal; and multiple bilateral ear washes. The history notes an episode of chest tightness and pain, with shortness of breath, dizziness and heart palpitations, with a feeling as though was going to pass out at work and under very stressful circumstances; the follow-up treadmill stress test was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Request: Flexeril 5mg #60 x 2 refills Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." A recent detailed clinical evaluation note is not specified in the records provided. According to the cited guidelines, cyclobenzaprine is recommended for short-term therapy and not recommended for longer than 2-3 weeks. The need for muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of muscle spasm or acute exacerbation is not specified in the records provided. The medical necessity of Flexeril 5mg #60 x 2 refills is not established in this patient at this time.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

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

Decision rationale: Request: Norco 5/325mg #60 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The

continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is also not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 5/325mg #60 is not established for this patient at this time.