

Case Number:	CM15-0130101		
Date Assigned:	07/16/2015	Date of Injury:	08/03/2009
Decision Date:	09/25/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	07/06/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 8/3/09. The injured worker was diagnosed as having status post anterior lumbar instrumented fusion. Previous treatments included medication management, status post left L3-L4 laminotomy and discectomy (10/2009), physical therapy, status post decompressive laminectomy (4/2010), status post anterior fusion L4-L5 (10/2011), . Previous diagnostic studies included radiographic studies and a lumbar magnetic resonance imaging (4/2011) revealing small disc herniation L4-L5 and L3-L4 degenerative disc disease with a mild bulge. The injured workers pain level was not noted. Physical examination was not noted. The plan of care was for Norco three a day and Flexeril (no dosage, strength and quantity specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco three a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Norco three a day. The treating physician states in the report dated 6/3/15, "She continues to maintain on three Norco 10s a day. She has made little effort to decrease this." (2B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented if the patient has decreased pain, if the patient is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. Additionally, the IMR request did not specify a dosage or a quantity in the request. The current request is not medically necessary.

Flexeril (no dosage, strength and qty specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Flexeril (no dosage, strength, quantity specified). The report with this request was not submitted for review. The treating physician states in the report dated 6/3/15, "Prescriptions were given." (2B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, it is unclear how long the treating physician has prescribed this medication to the patient. Additionally, the IMR request did not specify a dosage, strength or a quantity in the request so there is no way to know if the request meets the criteria of short-term usage. The current request is not medically necessary.