

Case Number:	CM15-0131113		
Date Assigned:	07/17/2015	Date of Injury:	05/22/2003
Decision Date:	09/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a 53 year old male, who sustained an industrial injury on May 22, 2003. He reported neck pain and lumbar pain. The injured worker was diagnosed as having cervical herniated nucleus pulposus, lumbar herniated nucleus pulposus and cervical and lumbar radiculopathy. Treatment to date has included diagnostic studies, radiographic imaging, acupuncture, chiropractic care, physical therapy, trigger point injections, medications and work restrictions. Currently, the injured worker complains of neck pain with a pins and needles sensation and low back pain radiating to the buttock and lower extremities with associated pins and needles sensations in the bilateral lower extremities. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Urinary drug test on February 18, 2015, revealed findings consistent with expectations. Evaluation on May 6, 2015, revealed continued low back and neck pain. He reported no significant changes since the last visit. He rated his pain on a visual analog scale (VAS) from 1-10 with 10 being the worst, a seven in the neck and 8-9 in the low back. He noted using a wheelchair for locomotion. Computed tomography (CT) scan of the lumbar spine supports severe discordant pain. Surgical intervention of the lumbar spine was discussed. He reported stress urinary incontinence secondary to nerve damage in the back. It was noted there was little benefit with acupuncture, no benefit with chiropractic care and temporary benefit with trigger point injections and physical therapy. Norco and Flexeril were continued. Evaluation on June 16, 2015, revealed continued pain in the neck and right shoulder rated at 7 and low back pain rated at 8-9 on a VAS. Lumbar fusion was authorized and

scheduled for July 8, 2010. Medications were continued. Cyclobenzaprine 7.5mg #30 and Norco 10/325mg #90 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

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

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

Decision rationale: The requested Cyclobenzaprine 7.5mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued low back and neck pain. He reported no significant changes since the last visit. He rated his pain on a visual analog scale (VAS) from 1-10 with 10 being the worst, a seven in the neck and 8-9 in the low back. He noted using a wheelchair for locomotion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg #30 is not medically necessary.

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 Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued low back and neck pain. He reported no significant changes since the last visit. He rated his pain on a visual analog scale (VAS) from 1-10 with 10 being the worst, a seven in the neck and 8-9 in the low back. He noted using a wheelchair for locomotion. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 10/325mg #90 is not medically necessary.