

Case Number:	CM15-0134137		
Date Assigned:	07/22/2015	Date of Injury:	03/06/2013
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old female with a March 6, 2013 date of injury. A progress note dated May 27, 2015 documents subjective complaints (increased pain and tightness in the lower back and left leg; left leg cramping; left knee pain; pain rated at a level of 4/10 with medications and 9/10 without medications), objective findings (moderate lumbar tenderness to palpation; loss of flexion and primary extension; two centimeter atrophy of the right calf when compared to the left; some weakness with right ankle dorsiflexion), and current diagnoses (displacement of lumbar intervertebral disc without myelopathy; sciatica; thoracic or lumbosacral neuritis or radiculitis; sacroiliitis not elsewhere classified). Treatments to date have included medications, back surgery, H-wave unit, and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Norco and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 48 year old female has complained of low back pain and leg pain since date of injury 3/6/13. She has been treated with surgery, physical therapy and medications to include opioids since at least 04/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, is not medically necessary.

Pharmacy purchase of Cyclobenzaprine 10mg #25: 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 Page(s): 41-42.

Decision rationale: This 48 year old female has complained of low back pain and leg pain since date of injury 3/6/13. She has been treated with surgery, physical therapy and medications to include cyclobenzaprine since at least 04/2015. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not medically necessary for this patient.