

Case Number:	CM15-0135411		
Date Assigned:	07/23/2015	Date of Injury:	10/08/2012
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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 28 year old male, who sustained an industrial injury on October 8, 2012. The injured worker reported low back pain due to pulling a cart. The injured worker was diagnosed as having lumbar disc herniation, spinal stenosis and annular fissure. Treatment to date has included aqua therapy, magnetic resonance imaging (MRI) and medication. A progress note dated June 11, 2015 provides the injured worker complains of low back pain radiating to lower extremities. He reports gradual improvement. Physical exam notes decreased lumbar range of motion (ROM). The plan includes second opinion of spine surgeon, aqua therapy, Norco weaning 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 Qty 120 with no refills, every 4-6 hrs as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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-related injury in October 2012 and continues to be treated for radiating low back pain. When seen, urine drug testing had been negative. The claimant had stopped taking Norco a few days before the testing. There was decreased lumbar range of motion. Norco was decreased and Flexeril was refilled. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Urine drug test results may be consistent with medication misuse. Continued prescribing was not medically necessary.

Flexeril 10 mg Qty 30 with 2 refills, 1 tab by mouth every night: 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 (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in October 2012 and continues to be treated for radiating low back pain. When seen, urine drug testing had been negative. The claimant had stopped taking Norco a few days before the testing. There was decreased lumbar range of motion. Norco was decreased and Flexeril was refilled. Flexeril (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.