

Case Number:	CM15-0136410		
Date Assigned:	07/24/2015	Date of Injury:	12/26/2007
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old female who sustained an industrial injury on 12-26-07. Diagnoses are sprain-strain lumbar region and sprain-strain of neck, brachial neuritis-radiculitis, and unspecified thoracic-lumbar neuritis. A 6-19-15 progress report notes that the injured worker is undergoing cognitive behavioral therapy. In a progress report dated 6-30-15, a treating physician notes the injured worker rates her pain at 9 out of 10 in the lower back and 8 out 10 in the shoulder. Medications are Omeprazole, Diclofenac, Flexeril, Norco and Cymbalta. Objective findings note JAMAR on the right of 0, 0, 0, and left 6, 6, 10. The right shoulder is status post open surgery in 2009 with marked residuals. Cervical spine sprain-strain with right upper extremity radiation and numbness is noted. Awaiting the operative note regarding spine surgery. Lumbar spine sprain-strain with right leg radiation and numbness is noted; awaiting diagnostic review. The plan is to obtain previous medical records, physical therapy, Anaprox, and Dendracin. Work status is to remain off work until 7-28-15. The requested treatment is pharmacy purchase of Norco 5-325mg #60 with one refill and Flexeril 5mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase Norco 5/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. There is no documentation of compliance of the patient with her medications. Therefore, the prescription of Pharmacy purchase Norco 5/325mg #60 with 1 refill is not medically necessary.

Flexeril 5mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

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

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. According to MTUS guidelines, non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to MTUS guidelines, "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic anti-depressants (e.g. amitriptyline). 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. The greatest effect appears to be in the first 4 days of treatment. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore, the request for authorization of Flexeril 5mg #30 with 1 refill is not medically necessary.