

Case Number:	CM15-0136738		
Date Assigned:	07/24/2015	Date of Injury:	11/10/2011
Decision Date:	09/21/2015	UR Denial Date:	06/29/2015
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: California

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 46 year old male who sustained an industrial injury on 11/10/2011. On 01/13/2015, the injured worker underwent a partial laminectomy L4, L5 left sided, microdissection, cauda equina and nerve roots. On 05/21/2015, the injured worker reported low back pain that was described as achy, sore and numb. With increased activity, pain became sharp and stabbing in nature, along with diffuse spasms across the low back. His current medications included Flexeril and Norco. The treatment plan included Cyclobenzaprine, chiropractic rehabilitative care and Norco. According to the most recent progress report submitted for review and dated 06/18/2015, the injured worker was seen for follow-up with ongoing low back and left leg symptoms which he rated 6 on a scale of 1-10. Pain increased with activity and was described as sore and achy. He reported increased stiffness since therapy had been denied. He performed home exercise and daily stretches. He was scheduled for therapy for the following week. He last worked on 09/10/2014 because there was no work available. Treatment to date has included acupuncture, chiropractic care, epidural injections and surgery. Current medications included Norco 10/325 mg 2-3 tablets daily and Flexeril 7.5 mg as needed for spasms. Norco decreased his pain by about 50-60 percent and allowed him to increase his walking distance by about 20 minutes. He reported that he wanted to start weaning off Norco. Diagnoses included degenerative disc disease of the lumbar spine, lumbar radiculopathy, lumbar stenosis and left knee arthralgia. The treatment plan included chiropractic rehabilitative therapy 2 times a week for six weeks, ongoing general orthopedic follow-ups for knee complaints and Norco 10/325 mg twice a day #60. The injured worker was temporarily partially disabled for 4 weeks. Currently

under review is the request for Cyclobenzaprine 7.5 mg #60, Norco 10/325 mg #90 and Chiropractic 2x6. Documentation submitted for review shows that the injured worker has been utilizing Norco and Flexeril dating back to 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids; Opioids, pain treatment agreement; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydorocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function by increase ability to walk for a longer period of time and reducing his pain by 40%. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydorocodone/acetaminophen) is not medically necessary.

Chiropractic 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Section Page(s): 58-60.

Decision rationale: In the case of this injured worker, the medical records indicate the previous 24 sessions of chiropractic therapy with temporary relief. The functional benefit of this previous chiropractic manipulation was not documented. Functional benefit can be defined as any clinically significant improvement in daily activities, reduction of work restrictions, or return to work. Given the absence of documented functional improvement, this request is not medically necessary.