MAXIMUS Federal Services

Case Number:	CM15-0140806		
Date Assigned:	07/30/2015	Date of Injury:	05/31/2013
Decision Date:	09/04/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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:

This 64 year old male sustained an industrial injury on 5-31-13. He subsequently reported low back pain. Diagnoses include lumbar disc injury, bilateral sacroiliac arthralgia and lumbar facet arthralgia. Treatments to date include x-ray and MRI testing, ablation procedure, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral lower extremities. Upon examination of the lumbar spine, there was decreased range of motion. There was decreased lordosis. Bilateral seated straight leg raise is 90 degrees with pain referring to bilateral low back area and left lower extremity was noted. Moderate pain is noted over the left more than the right L4-L5 and L5-S1 segment with paraspinal spasms. A request for Norco 10/325mg #90, Six (6) refills of Flector 1.3% patch #60 and Flexeril 10mg #30 with 6 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in May 2013 and is being treated for low back pain radiating to the pelvis and buttocks. When seen, ibuprofen is referenced as decreasing pain from 10/10 to 8/10. The claimant had stopped this medication as he was now taking Xarelto for cardiac problems. When seen, there was a forward list and the claimant was ambulating with a cane. There was lumbar tenderness and positive straight leg rising. 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. Continued prescribing is not medically necessary.

Six (6) refills of Flector 1.3% patch #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain-Flector patch (Diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in May 2013 and is being treated for low back pain radiating to the pelvis and buttocks. When seen, ibuprofen is referenced as decreasing pain from 10/10 to 8/10. The claimant had stopped this medication as he was now taking Xarelto for cardiac problems. When seen, there was a forward list and the claimant was ambulating with a cane. There was lumbar tenderness and positive straight leg raising. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not medically necessary.

Flexeril 10mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in May 2013 and is being treated for low back pain radiating to the pelvis and buttocks. When seen, ibuprofen is referenced as decreasing pain from 10/10 to 8/10. The claimant had stopped this medication as he was now

taking Xarelto for cardiac problems. When seen, there was a forward list and the claimant was ambulating with a cane. There was lumbar tenderness and positive straight leg raising. 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 of more than 6 months and is not medically necessary.