

Case Number:	CM15-0143214		
Date Assigned:	08/04/2015	Date of Injury:	07/28/2005
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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 56 year old male with an industrial injury dated 07-28-2005. The injured worker's diagnoses include lumbosacral spine degenerative disc disease. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03-03-2015, reported ongoing low back pain. Physical exam revealed limited lumbar range of motion secondary to pain. According to most recent progress note dated 05-29-2015, the injured worker reported ongoing pain in his low back and legs and headaches. The injured worker reported an increased pain without medication. Objective findings revealed decreased lumbar spine range of motion. Treatment plan consisted of medication management. The treating physician prescribed Cyclobenzaprine (Flexeril) 10 mg #30 with 2 refills and Norco 10-325 mg #120 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 10 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

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

Decision rationale: The claimant has a remote history of a work injury occurring in July 2005 and continues to be treated for chronic back pain and headaches. Medications are referenced as decreasing pain from 10/10 to 6/10. When seen, he was having increased pain without medication. He had recently been treated for kidney stones. Physical examination findings included decreased spinal range of motion with a forward flexed posture. Urine drug screening had been positive for hydrocodone and hydromorphone. Medications were refilled. Norco was prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Flexeril was being prescribed for headaches. 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. classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Continued prescribing was not medically necessary.

Norco 10/325 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86. Decision based on Non-MTUS Citation Barakat NH, Atayee RS, Best BM, Pesce AJ. Relationship between the Concentration of Hydrocodone and its Conversion to Hydromorphone in Chronic Pain Patients Using Urinary Excretion Data. J Anal Toxicol (2012) 36 (4): 257-264.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2005 and continues to be treated for chronic back pain and headaches. Medications are referenced as decreasing pain from 10/10 to 6/10. When seen, he was having increased pain without medication. He had recently been treated for kidney stones. Physical examination findings included decreased spinal range of motion with a forward flexed posture. Urine drug screening had been positive for hydrocodone and hydromorphone. Medications were refilled. Norco was prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Flexeril was being prescribed for headaches. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Medications were providing decreased pain. The claimant's urine drug test results are not inconsistent with the medications being prescribed as hydromorphone is a metabolite of hydrocodone. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.