

Case Number:	CM15-0160007		
Date Assigned:	08/26/2015	Date of Injury:	05/28/1999
Decision Date:	09/28/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 67 year old female, who sustained an industrial injury on secondary to 05-28-1999. On provider visit dated 06-23-2015 the injured worker has reported low back pain and lower extremity pain status post lumbar spine after an industrial injury. On examination the lumbar spine revealed decreased range of motion. Straight leg raise was noted as positive on the left. Patrick's test was positive for S1 arthropathy; tenderness to palpation over S1 joints bilaterally was noted. The diagnoses have included displacement intervertebral disc - lumbar, medial epicondylitis and low back pain. Treatment to date has included injections, and medication which included Norco and Flexeril. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity. The provider requested Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 78; 80-81; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg Qty: 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement. The request for the quantity of 90 is not appropriate as the patient continues the weaning process and was already weaned down to #90. Per documentation the patient will be continuing weaning off Norco during a functional restoration program. Therefore the request for Norco 10/325mg quantity 90 is not medically necessary.

Flexeril 7.5mg Qty: 90.00: 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 Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 63, 64.

Decision rationale: Flexeril 7.5mg Qty: 90.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The guidelines recommend limiting this medication to 2-3 weeks for short term use only. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril is not medically necessary.