

Case Number:	CM15-0162751		
Date Assigned:	08/31/2015	Date of Injury:	11/17/2010
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 33-year-old female, with a reported date of injury of 11-17-2010. The mechanism of injury was the result of moving a client who fell and pulled her down with him. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include low back pain; sciatica; hip and pelvic pain; foot, leg, arm, and finger pain. Treatments and evaluation to date have included psychological treatment, oral medications, topical pain medication, and physical therapy. The diagnostic studies to date have included urine drug screen on 05-20-2015 which was positive for opiate; and x-rays of the bilateral hips on 04-30-2015 which showed no abnormalities of the left hip and possible synovial herniation in the right hip. The progress report dated 07-23-2015 indicates that the injured worker continued to have low back pain, and right hip and leg pain. The pain was ongoing and increased with activity. It was noted that Flexeril and Naproxen helped her to stay active. The injured worker was unable to do laundry, to garden, or to shop. She was able to cook, to bathe, to dress, to manage medications, to drive, and to brush her teeth. The injured worker rated her pain 6 out of 10 with medication, and 10 out of 10 without medication. The objective findings included no crepitus of the right lower extremity; tenderness of the lumbar spine; tenderness at the facet joint; decreased flexion; decreased extension; decreased lateral bending; tenderness of the right sacroiliac joint; and tenderness of the left sacroiliac joint. The treatment plan included a prescription for Cyclobenzaprine 10mg, one table twice a day, Naproxen 550mg, one tablet twice a day, and Norco 10-325mg, one tablet every 12 hours as needed. The injured worker's work status was not

indicated. The treating physician requested Cyclobenzaprine 10mg #120, Naproxen 550mg #60, and Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the injured worker has been taking Cyclobenzaprine since at least 03-20-2015. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested treatment is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, there is documentation that the injured worker had ongoing lumbar and right lower extremity pain. The injured worker has been taking Naproxen since at least 06-24-2015. The request does not meet guideline recommendations. The request for Naproxen is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.