

Case Number:	CM15-0163583		
Date Assigned:	08/31/2015	Date of Injury:	03/12/2002
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/20/2015

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: 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 45 year old male who sustained an industrial injury on 03-12-2002. The injured worker was diagnosed with lumbar post laminectomy syndrome and lumbar intervertebral disc displacement. The injured worker is status post partial laminectomy at L2 and L5 and total laminectomy at L3 and L4 in January 2012. Treatment to date has included diagnostic testing, surgery, multiple lumbar epidural steroid injections, selective nerve root injections, physical therapy and medications. According to the primary treating physician's progress report on July 30, 2015, the injured worker continues to experience chronic back pain with right lower extremity radicular symptoms. The injured worker rated his pain at 6.5 out of 10 on the pain scale. Examination demonstrated tenderness in the right buttock and over the sciatic notch. Flexion causes pain into the lateral right leg and calf. Seated right straight leg raise was positive causing discomfort to the lateral calf. There was good strength testing with knee extension and dorsi plantar flexion. The injured worker was able to heel and toe walk without difficulty. Current medications were listed as Norco 10mg-325mg, Cyclobenzaprine and Indocin SR. The injured worker is Permanent & Stationary (P&S) and no longer working. Treatment plan consists of the current request for Norco 10mg-325mg, Flexeril and Indocin SR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab 4 times a day #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

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

Decision rationale: Norco 10/325mg 1 tab 4 times a day #20 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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 functional improvement therefore the request for continued Norco is not medically necessary.

Indocin SR 75mg ER 1 tab 2 times daily #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Indomethacin.

Decision rationale: Indocin SR 75mg ER 1 tab 2 times daily #60 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. Indomethacin is not recommended per the ODG due to the fact that a large systematic review of available evidence on NSAIDs confirms that naproxen and low-dose ibuprofen are least likely to increase cardiovascular risk. Indomethacin is an older, rather toxic drug, and the evidence on cardiovascular risk should cast doubt on its continued clinical use. The documentation indicates that the patient has been on Indocin without evidence of functional improvement. The request for continued Indocin is not medically necessary as there are no extenuating factors that would necessitate Indocin with its adverse cardiovascular side effect profile. Additionally, a request for 2 refills of this medication would additionally not be appropriate without monitoring of efficacy and side effects. The request for Indocin is not medically necessary.

Flexeril 10mg 1 tab daily as needed #30: 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 Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page (s): 41-42 and 63, 64.

Decision rationale: Flexeril 10mg 1 tab daily as needed #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Flexeril. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time recommended MTUS time frame. The request for Flexeril is not medically necessary.