

Case Number:	CM15-0166414		
Date Assigned:	09/11/2015	Date of Injury:	10/23/2009
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female who sustained an injury on 10-23-09 resulting when she was pushing heavy boxes and injured her low back. The initial consultation from 5-13-15 indicates she has bilateral leg pain, posterior thigh and is associated with numbness. She denies any weakness of her lower extremities; radicular pain is occasional. Activities that increase the pain are yard work, housework and sitting. Medication, ice, heat, stretching and walking improve the symptoms. Treatment has included physical therapy; chiropractic and acupuncture treatment in the past provided some relief. The physical exam reveals tenderness to palpation of lower paraspinal area with muscle spasm. MRI showed degenerative changes at L1-L2 and L4-L5 with disc desiccation and mild right paracentral disc protrusion. The recommendation was continue with Norco 1-325 mg #60 and Flexeril as needed 10 mg once a day. Continue with home exercise program; stationary bike and walking. She may need epidural steroid injection during the flare-ups. No request for an injection was done at this exam. Urine drug screen was done (no results included). 7-15-15 lumbar examination reports subjective improvement with the transcutaneous electrical nerve stimulator 2 - 3 times a day with pain and muscle spasm improvement. She also takes Norco and Flexeril with benefits; activity improvement. The objective findings reveal normal range of motion. Diagnoses are lumbar strain, sprain; lumbar DDD; lumbar stenosis. Medications are Hydrocodone 1-325 mg (Norco) #60 and Flexeril #30. Work status noted was continuing regular work. Current requested treatments: Norco 1-325 mg #30; Flexeril 10 mg #60. The utilization review 7-24-15 Norco 1-325 mg and Flexeril 10 mg are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This claimant was injured in 2009 resulting when she was pushing heavy boxes and injured her low back. As of July, there is subjective improvement with the transcutaneous electrical nerve stimulator 2 - 3 times a day with pain and muscle spasm improvement. She also takes Norco and Flexeril with benefits; activity improvement. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As previously shared, this claimant was injured in 2009 resulting when she was pushing heavy boxes and injured her low back. As of July, there is subjective improvement with the transcutaneous electrical nerve stimulator 2 - 3 times a day with pain and muscle spasm improvement. She also takes Norco and Flexeril with benefits; activity improvement. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In

this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not medically necessary in the MTUS.