

Case Number:	CM15-0167679		
Date Assigned:	09/08/2015	Date of Injury:	02/06/2014
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old male patient who reported an industrial injury on 2-6-2014. The diagnoses include lumbar spondylosis with degenerative disc disease; lumbar disc disorder with radiculopathy; and post-lumbar laminectomy syndrome. Per the doctor's note dated 8/19/2015, he had complaints of low back pain with radiation to the bilateral lower extremities. The physical examination revealed decreased range of motion and positive straight leg raising test bilaterally. Per the progress notes dated 4-29-2015, he had moderate-severe low back pain that radiated to the buttocks and bilateral legs, associated with numbness, tingling and weakness, and aggravated by activity. The physical examination revealed positive paresthesia's and weakness; no acute distress; a global antalgic gait; tenderness to the bilateral para-vertebral muscles and mid-line region; decrease sensation over the bilateral lumbosacral distribution with decreased lumbar range-of-motion; decreased bilateral knee, ankle and extensor hallucis longus power; difficulty with walking on toes and standing on either just the right or left leg; and positive Laesegue's test. The medications list includes Nucynta, Neurontin, Cymbalta, Norco and Flexeril. He has had electrodiagnostic studies on 3-23-2015, which revealed bilateral L5 and S1 radiculopathy and lumbar spine MRI. He has undergone lumbar epidural steroid injections on 6-18-2015. He has had physical therapy - ineffective; massage therapy - effective, and heat/cold therapy. The physician's requests for treatments were noted to include the continuation of his current medication regimen, which were stated to include 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 #90: 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, criteria for use.

Decision rationale: Norco 10/325mg #90. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response about pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Medications list includes Nucynta, Cymbalta, Flexeril and Neurontin. Response to these medications without Norco for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen,2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #90 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Flexeril 10mg #90: Overturned

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).

Decision rationale: Flexeril 10mg #90. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had chronic low back pain with radiation to the bilateral lower extremities. Patient has objective findings on the physical examination - tenderness, decreased range of motion and positive straight leg raising test bilaterally. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines, Flexeril is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10mg #90 is medically appropriate and necessary to use as prn during acute exacerbations.