

Case Number:	CM15-0167731		
Date Assigned:	09/08/2015	Date of Injury:	09/06/2011
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

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

His diagnoses included lumbar radiculopathy disc disease, lumbar facet pain and possibility of sacroiliitis. Prior treatment included lumbar epidural blocks and medications. He presented on 08-04-2015 with complaints of persistent low back pain. He rated his pain as 6-7 out of 10 mostly in the lumbar region. He describes the pain as stiff and achy with numbness in the right leg. His last lumbar epidural steroid injection dated 04-23-2015 helped "significantly." Objective findings included antalgic gait noted on the right. There was limited mobility noted in the lumbar spine secondary to pain and spasms. His medications included Norco and Cyclobenzaprine. The treatment request is for: Norco 10/325mg one by mouth once a day as needed quantity 30, Flexeril 10mg by mouth every night at bedtime, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg one by mouth once a day as needed quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for chronic back pain with right lower extremity numbness. When seen, pain was rated at 6-7/10. There had been improvement after an epidural injection. He was having back pain and muscle spasms. He was requesting a prescription for MS Contin and an increase in Norco and Cyclobenzaprine. Current medications included Norco at a total MED (morphine equivalent dose) of 10 mg per day. Physical examination findings included an antalgic gait. There was limited spinal mobility due to pain and muscle spasms. There were right lower extremity dysesthesias. Norco was refilled at the same dose. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing at this dose was not medically necessary.

Flexeril 10mg by mouth every night at bedtime, quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for chronic back pain with right lower extremity numbness. When seen, pain was rated at 6-7/10. There had been improvement after an epidural injection. He was having back pain and muscle spasms. He was requesting a prescription for MS Contin and an increase in Norco and Cyclobenzaprine. Current medications included Norco at a total MED (morphine equivalent dose) of 10 mg per day. Physical examination findings included an antalgic gait. There was limited spinal mobility due to pain and muscle spasms. There were right lower extremity dysesthesias. Cyclobenzaprine has been prescribed on a long-term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.