MAXIMUS Federal Services

Case Number:	CM15-0180240		
Date Assigned:	09/22/2015	Date of Injury:	08/16/2012
Decision Date:	10/26/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, 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:

The injured worker is a 32 year old female, who sustained an industrial injury on August 16, 2012, resulting in pain or injury to the lower back. A review of the medical records indicates that the injured worker is undergoing treatment for herniated nucleus pulposus (HNP) at L4-L5 and L5-S1 of 3mm with impingement, radiculopathy bilaterally right greater than left, anxiety, insomnia, obesity, and sexual dysfunction secondary to severe pain. On August 11, 2015, the injured worker reported severe low back pain, rated 9 out of 10, 10 out of 10 at its worst and 6 out of 10 on an average. The Orthopedic Primary Treating Physician's report dated August 11, 2015, noted the injured worker not in therapy and not working, feeling worse overall. The injured worker was noted to be taking Tylenol #4, prescribed since April 28, 2015, Prilosec, Xanax, and Flexeril, prescribed since at least December 23, 2014, with topical creams of Ketoprofen, Gabapentin, and Tramadol. The injured worker was noted to have activity limitations with pain in walking, lifting, standing, sleeping, social activities, activities of daily living (ADLs), and concentration and mood. The physical examination was noted to shop the injured worker with stiffness and guarding of the low back, using a cane. The injured worker was noted to have tenderness to palpation, trigger points, and spasms, with decreased lumbar range of motion (ROM), positive bilateral Lasegue's and Cram's signs and sciatic notch, with positive bilateral straight leg raise. Prior treatments have included physical therapy, modified duty, chiropractic treatments, lumbar epidural steroid injections (ESIs), an X-Force with Solar Care which is a TENS unit with heating element, and oral and topical medications. The treatment plan was noted to include continued use of the medications, continued use of the X-

Force with Solar Care device, and with a urine toxicology test performed. On April 28, 2015, the injured worker reported severe radiation of pain down to the right thigh. The Physician noted an electromyography (EMG) showed bilateral L5 radiculopathy. The request for authorization dated August 25, 2015, requested Flexeril 7.5 mg Qty 60 and Tylenol #4, Qty 90. The Utilization Review (UR) dated September 2, 2015, noted the requests for Flexeril 7.5 mg Qty 60 and Tylenol #4, Qty 90, were not medically necessary, however, due to the nature of these drugs, weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg Qty 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): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months with opioids. The claimant had been on Skelaxin (another muscle relaxant) in the past as well. Long-term use is not recommended. Continued use of Flexeril is not medically necessary.

Tylenol #4, Qty 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Tylenol #4 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. Recent notes did not indicate pain score reduction wit use of medication. No one opioid is superior to another. There was no mention of Tylenol (alone), Tricyclic or weaning failure. The continued use of Tylenol #4 is not medically necessary.