MAXIMUS Federal Services

Case Number:	CM15-0180948		
Date Assigned:	09/22/2015	Date of Injury:	02/03/2006
Decision Date:	10/28/2015	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: New Jersey
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 55-year-old male who sustained an industrial injury on February 3, 2006. Diagnosis has included discogenic lumbar condition with radicular component down the lower extremities. In the July 8, 2015 note, the physician references an MRI showing multilevel disc disease with facet hypertrophy and multilevel foraminal narrowing. Documented treatment includes an injection over a year ago with "good relief" rated with a 10 - 30 percent relief and 50 percent relief at one year. Another has been requested. Additionally, he is being treated with rest, ice, stretching, and medication including Norco for moderate to severe pain; Tramadol ER for pain; and, Flexeril for muscle spasms. Medications reduce pain by 30-50 percent and are stated to make him functional so he can work regular duties. The injured worker continues to report low back pain with spasms, and states on July 8, 2015 that pain becomes severe while he is working. The August 26, 2015 examination noted paraspinal muscle and facet tenderness, and pain with facet loading. The treating physician's plan of care includes Norco, Tramadol ER, and Flexeril 60, but this was denied on September 2, 2015. The injured worker continues to work full time without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although Norco was prescribed and chronically used in the past, there was only vague reporting of how effective it was at increasing his function. There was only report of pain reduction with the collective use of medications, nonspecific to Norco. The worker reported working and still experiencing pain during work, but the effectiveness of his work with and without Norco was not mentioned in the notes. Therefore, continued use of Norco will be considered medically unnecessary at this time.

Tramadol ER 150mg #30: 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, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although tramadol was prescribed and chronically used in the past, there was only vague reporting of how effective it was at increasing his function. There was only report of pain reduction with the collective use of medications, nonspecific to tramadol. The worker reported working and still experiencing pain during work, but the effectiveness of his work with and without tramadol was not mentioned in the notes. Therefore, continued use of tramadol will be considered medically unnecessary at this time.

Flexeril 7.5mg #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): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, Flexeril was used chronically for low back muscle spasm and although there was evidence of muscle spasm upon examination with office visits at the time of this request, the intention to continue to use this medication on a chronic basis was apparent, which is not recommended by the MTUS Guidelines. Therefore, the Flexeril 7.5 mg #60 will be considered medically unnecessary at this time.