

Case Number:	CM15-0182688		
Date Assigned:	09/23/2015	Date of Injury:	01/16/2012
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male with an industrial injury date of 01-16-2012. Medical records indicate he is being treated for lumbar strain, lumbar radiculitis, sexual dysfunction, Insomnia and psychological problems. The injured worker presented for follow up on 05-18-2015. "The patient continues to rely on medication to control symptoms at level of 8-9 out of 10." "Medication reduces his symptoms to level of 5 allowing him to be functional, but does not completely relieve symptoms." Physical examination (05-18-2015) revealed tenderness throughout the lumbar paravertebrals worse at lumbar 4-5 and lumbar 5-sacral 1. Flexion, extension, side-to-side tilt and bending are severely restricted. Straight leg raise test was positive from sitting position bilaterally. In the treatment note (06-15-2015) the injured worker complained of low back pain with pain down his left leg and foot with numbness and tingling. "He scores the pain as 10 out of 10" and "with the assistance of the medication pain goes down to 6 out of 10." Physical exam was unchanged. In the treatment note dated 07-28-2015 the injured worker complained of "my leg pain is getting worse and worse, constant moderate-to severe along with weakness going down to the left leg." "The patient states that mid of the night he wakes up many times because of the spasm in the legs and then he cannot go back to sleep." Physical exam is unchanged. His medications included Norco, Flexeril and Celexa (all since at least 04-13-2015.) The provider prescribed Valium 5 mg one by mouth at bedtime # 30 "for muscle relaxation." Urine toxicology screen was requested on 07-28-2015. In the treatment note dated 07-28-2015 the provider documented: "Narcotic contract was reviewed." Prior treatments included lumbar epidural steroid injection and medications. The treatment request is for Valium

5 mg, #30, Norco 10-325 mg, #90 and Flexeril 10 mg, #30. On 09-08-2015 the request for Valium 5 mg, #30, Norco 10-325 mg, #90 and Flexeril 10 mg, #30 was denied by utilization review "however a month fill allowed for weaning."

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for NORCO 10/325MG, #90. Treatment history includes medications, acupuncture, injections, physical therapy and a home exercise program. The patient is permanent and stationary and currently not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per report 07/28/15, the patient presents with chronic lower back pain with radiation of pain to the lower extremities. Physical examination revealed tenderness throughout the lumbar paravertebral, severely restricted range of motion, and straight leg raise test was positive from sitting position bilaterally. The patient reported pain with medications as 6/10, and 10/10 without medication. The patient reports being functional with medications, but it does not completely relieve symptoms. The treater has recommended a refill of medications. The patient has been prescribed Norco since at least 04/13/15. MTUS states that function should include social, physical, psychological, daily and work activities. In this case, there is no such discussions provided, and there are no specific discussion regarding aberrant behavior. MTUS requires appropriate discussion of all the 4As for continued opiate use. Furthermore, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Flexeril 10mg, #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): Cyclobenzaprine (Flexeril).

Decision rationale: The current request is for FLEXERIL 10MG, #30. Treatment history includes medications, acupuncture, injections, physical therapy and a home exercise program. The patient is permanent and stationary and currently not working. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." Per report 07/28/15, the patient presents with chronic lower back pain with radiation of pain to the lower extremities. Physical examination revealed tenderness throughout the lumbar paravertebral, severely restricted range of motion, and straight leg raise test was positive from sitting position bilaterally. The patient reported pain with medications as 6/10, and 10/10 without medications. The patient reports being functional with medications, but it does not completely relieve symptoms. The treater has recommended a refill of medications. The patient has been prescribed Flexeril since at least 04/13/15. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain, and MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. The requested 30 tablets in addition to prior use do not imply short therapy. Therefore, the request is not medically necessary.

Valium 5mg, #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): Benzodiazepines.

Decision rationale: The current request is for VALIUM 5MG, #30. Treatment history includes medications, acupuncture, injections, physical therapy and a home exercise program. The patient is permanent and stationary and currently not working. MTUS Guidelines, Benzodiazepines section, page 24 states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per report

07/28/15, the patient presents with chronic lower back pain with radiation of pain to the lower extremities. Physical examination revealed tenderness throughout the lumbar paravertebral, severely restricted range of motion, and straight leg raise test was positive from sitting position bilaterally. The patient reported pain with medications as 6/10, and 10/10 without medication. The patient reports being functional with medications, but it does not completely relieve symptoms. The treater prescribed Valium #30 "for muscle relaxation." This is an initial request for this medication. There is no discussion as to why Valium is being initiated as a muscle relaxant, concurrently with Flexeril. In addition, MTUS and ODG do not support chronic Benzodiazepine use due to high risk of dependency and loss of efficacy, and the treater has not stated that the use of Valium is intended for short-term use. Therefore, the request is not medically necessary.