

Case Number:	CM15-0183736		
Date Assigned:	09/24/2015	Date of Injury:	03/02/1984
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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 59 year old male, who sustained an industrial injury on March 2, 1984. Medical records indicate that the injured worker is undergoing treatment for chronic low back pain, lumbar disc disorder and severe lumbar spinal stenosis. The injured worker was noted to be retired. On (8-6-15) the injured worker complained of worsening low back pain, bilateral shoulder pain and bilateral hip pain. Associated symptoms include weakness, numbness and tingling in the bilateral lower extremities. The injured workers pain level was 7 out of 10 on the visual analogue scale. The pain is increased with overhead activities, bending, walking and lifting and carrying items. Medications, rest and topical creams improved the pain. Due to the low back pain the injured worker could walk a block before having to stop, sit for 30 minutes at a time and stand 15 minutes at a time. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles and a decreased range of motion. A straight leg raise test and FABER (flexion, abduction and external rotation) test were negative. Sensation was intact in the bilateral lower extremities. Subsequent progress reports did not note the injured workers pain level. Treatment and evaluation to date has included medications, MRI, computed tomography scan of the lumbar spine (3-28-13), epidural steroid injections, physical therapy and chiropractic treatments. The computed tomography scan of the lumbar spine (2013) revealed lumbar four-five severe spinal stenosis. Physical therapy did not provide any significant relief. Current medications include Flexeril (since April of 2015), Norco (since at least December of 2014), Dulcolax, Glyburides, Metformin, Lisinopril, Lisinopril Hydrochloride, Mega Red Omega, Metoprolol Tartrate, Pravastatin Sodium and Prostate Essential Plus. Current treatment requests

include Norco 10-325 mg # 90 and Flexeril 10 mg # 60. The Utilization Review documentation dated 8-19-15 non-certified the request for Flexeril 10 mg # 60 and modified the request for Norco 10-325 mg # 45 (original request # 90).

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Flexeril 10 mg: 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), Muscle relaxants (for pain).

Decision rationale: The patient presents with pain in the low back, bilateral shoulders and bilateral hips. The request is for 60 tablets of Flexeril 10MG. Physical examination to the lumbar spine on 08/06/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was noted to be decreased in all planes. Patient's treatments have included chiropractic and physical therapy, medication, and lumbar epidural injections. Per 04/20/15 progress report, patient's diagnosis includes chronic low back pain. Patient's medication, per 03/20/15 progress report includes Norco. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, Muscle Relaxants (for pain) section, states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): 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). 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. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." Treater does not discuss this request. A prescription for Flexeril was first noted in progress report dated 04/20/15 and the patient utilizing this medication at least since then. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines recommend short-term use of Flexeril, not to exceed 3 weeks. The requested 60 tablets, in addition to prior use, does not imply short duration therapy. Therefore, the request is not medically necessary.

90 tablets of Norco 10-325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 patient presents with pain in the low back, bilateral shoulders and bilateral hips. The request is for 90 tablets of Norco 10-325MG. Physical examination to the lumbar spine on 08/06/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was noted to be decreased in all planes. Patient's treatments have included chiropractic and physical therapy, medication, and lumbar epidural injections. Per 04/20/15 progress report, patient's diagnosis includes chronic low back pain. Patient's medication, per 03/20/15 progress report includes Norco. Patient is permanent and stationary. 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request. The utilization review letter dated 08/19/15 has modified the request to #45, recommending tapering. Review of the medical records provided indicates that the patient has been utilizing Norco since at least 12/17/14. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are no current UDS test results, no discussions on CURES, and no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.