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| Case Number: | CM15-0184213 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 04/02/2012 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/15/2015 |
| 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 48-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 2, 2012. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for Norco and Flexeril. The claims administrator referenced a September 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 4, 2015, Norco and Flexeril were refilled. In an associated progress note of September 4, 2015, the applicant reported ongoing complaints of neck pain. The applicant contended that he was able to work effectively and was able to do activities and workouts, seemingly both at home and work. The applicant had comorbidities, which included anxiety. The applicant's medication list included Lexapro, Ativan, Amrix, Levitra, and Norco, it was reported. Norco and Flexeril were seemingly renewed. The applicant was asked to continue working out at a gym. Smoking cessation was encouraged.

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 every night at bedtime as needed #90 with 1 refill, QTY: 180: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain; Opioids, long-acting; Weaning, opioids, Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Yes, the request for Norco, a short acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, the applicant had returned to and maintained full-time work status, the treating provider reported on September 4, 2015. The applicant's ability to exercise at a gym had reportedly been ameliorated because of ongoing medication consumption. One and a half tablets of Norco were effectively attenuating the applicant's pain complaints, the treating provider contended. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Flexeril 10mg one by mouth every night at bedtime as needed #90 with 1 refill, QTY: 180:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Conversely, the request for Flexeril (cyclobenzaprine), was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is "not recommended." Here, the applicant was in fact using a variety of other agents, including Norco, Ativan, Lexapro, etc. The addition of cyclobenzaprine (Flexeril) to the mix was not recommended. It is further noted that the 90-tablet, one-refill supply of cyclobenzaprine (Flexeril) at issue represented treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.