

Case Number:	CM15-0184497		
Date Assigned:	09/25/2015	Date of Injury:	07/22/2002
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old male with an industrial injury date of 07-22-2002. Medical record review indicates he is being treated for cervical sprain-strain, cervical radiculopathy, lumbar spine fracture, lumbosacral radiculopathy and thoracic contusion. The injured worker was also a diabetic. Subjective complaints (08-12-2015) included lumbar pain. Objective findings included decreased range of motion in the lumbar spine with spasm, tenderness and guarding. The treating physician documents in the 08-12-2015 note the injured worker had a "reduction in analgesia at least 30-40% and the patient notes improved functional capacity with activities of daily living, self-grooming and chores around the house." His medications included Norco and Norflex (both at least since 06-17-2015). Prior pain medications included hydrocodone. Prior treatments included lumbar fusion, rehabilitation, pain medications, physical therapy and epidural injections. The treating physician documented prior authorization for Norco 7.5 mg and Norflex 100 mg each with a quantity of 60 with 5 refills. "The patient indicates that the above medication is helping to reduce his pain and increase his functional capacity and he takes it on an as needed basis to control his pain for his industrial injuries." "He was only provided with two out of five refills for the medications that were authorized." "There are no significant reported adverse effects." "Upon questioning of the patient there is no suspicion of any aberrant behaviors." "Anti-inflammatories alone are insufficient to address this patient's pain component." The treatment request is for: Norflex 100 mg Qty 60 with 5 refills- Norco 7.5-325 mg Qty 60 with 5 refills. On 08-20-2015 utilization review issued the following decision: Norflex 100 mg Qty 60 with 5 refills was modified to one prescription for Norflex 100 mg # 30. Norco 7.5/325 mg Qty 60 with 5 refills was modified to Norco 7.5-325 mg # 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Qty 60 with 5 refills: 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.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines section on Opioids, On-Going Management, p 74-97, (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the injured worker should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires: (a) the injured worker has returned to work, (b) the injured worker has improved functioning and pain. There is current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects and review of potentially aberrant drug taking behaviors as outlined in the MTUS and as required for ongoing treatment. The request for 5 refills of a controlled substance is however in contrast to the guidelines in the MTUS and at in contrast to safe opioid prescribing habits. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Norflex 100 mg Qty 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in injured workers driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) According to the documents available for review, the injured worker has been utilizing Norflex for long-term treatment of chronic pain condition. This is in contrast to the MTUS recommendations for short-term treatment of acute exacerbations. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.