

Case Number:	CM15-0185449		
Date Assigned:	10/02/2015	Date of Injury:	03/10/2006
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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 50 year old female, who sustained an industrial injury on March 10, 2006, incurring low back and knee injuries. She was diagnosed with lumbar disc disease and right knee internal derangement. Treatment included pain medications, neuropathic medications, muscle relaxants, lumbosacral corset, and transcutaneous electrical stimulation unit and activity restrictions. She underwent a surgical lumbosacral fusion and hardware removal. Currently, the injured worker complained to have persistent pain with swelling in her knees. She rated her pain 8 out of 10 without medications and 5 out of 10 with pain medications. She noted that her pain made it difficult to walk increasing her lower back pain. She reported developing anxiety and depression from the ongoing pain. She remained temporarily totally disabled. The treatment plan that was requested for authorization on September 21, 2015, included prescriptions for Norco 10-325 mg #180 and Flexeril 7.5 mg #90. On August 31, 2015, a request for prescriptions for Norco and Flexeril was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Overturned

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 10/325 mg #180. The RFA is dated 08/24/15. Treatment included lumbar fusion and subsequent hardware removal, pain medications, neuropathic medications, muscle relaxants, lumbosacral corset, and transcutaneous electrical stimulation unit and activity restrictions. The patient is temporarily totally disabled. 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 4 A's (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." Per report 08/25/15, the patient presents with continued pain and swelling in the bilateral knees, and lower back pain. She states that her overall pain is an 8/10 without medications and 5/10 with medications. The treater reported that the patient is compliant with medications and "screening urinalysis will be performed periodically." On 01/13/15, the treater documented a 50% decrease in pain with medications, and noted that the patient is more functional and able to cook, walk better, sit and stand longer and sleep better. No adverse side effects were reported. In this case, the 4 A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Therefore, this request is medically necessary.

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

Decision rationale: The current request is for Flexeril 7.5 mg #90. The RFA is dated 08/24/15. Treatment included lumbar fusion and subsequent hardware removal, pain medications, neuropathic medications, muscle relaxants, lumbosacral corset, and transcutaneous electrical stimulation unit and activity restrictions. The patient is temporarily totally disabled. 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." Per report 08/25/15, the patient presents with continued pain and swelling in the bilateral knees, and lower back pain. Current medications include Norco and Flexeril. This patient has been prescribed Flexeril for muscle spasms since 01/13/15. Although medication efficacy is documented throughout the medical file, MTUS Guidelines recommend short-term use of Flexeril, not to exceed 3 weeks. The requested 90 tablets, in addition to prior use, does not imply short duration therapy. Therefore, the request is not medically necessary.