

Case Number:	CM15-0186952		
Date Assigned:	09/28/2015	Date of Injury:	05/24/2006
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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: Physical Medicine & Rehabilitation, 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 55 year old male, who sustained an industrial injury on 5-24-2006. The medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy, status post lumbar fusion, and lumbar degenerative disc disease. According to the progress report dated 8-18-2015, the injured worker presented with complaints of persistent pain in the low back and bilateral lower extremities. On a subjective pain scale, he rates his pain 5 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation over the paraspinal muscles, limited range of motion, and pain distribution along the L4, L5, and S1 dermatomes of the bilateral lower extremities. The current medications are Gabapentin, Norco (since at least 3-27-2015), Ibuprofen, and Cyclobenzaprine (since at least 1-8-2015). The injured worker reports that the medications decrease pain, improve activities of daily living, and are tolerated without significant adverse effects. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, deep myofascial therapy, home exercise program, acupuncture, epidural steroid injection, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (8-25-2015) had non-certified a request for Norco and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 prescribed 8-18-15: 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 (Online version).

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

Decision rationale: The claimant sustained a work injury in May 2006 and is being treated for low back pain with lower extremity radiating symptoms. Recent treatments include acupuncture and myofascial therapy. A lumbar epidural steroid injection was done in April 2015. When seen, medications are referenced as decreasing pain by 95% with improved activities such as performing household chores and walking around his yard. Physical examination findings included lumbar tenderness with decreased range of motion and an antalgic gait. Norco was prescribed. At the previous visit he was having increased pain attributed to difficulty obtaining medications. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. There was increased pain when access to medications was being restricted. The request for continued prescribing was medically necessary.

Cyclobenzaprine 10mg #60 prescribed 8-18-15: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and 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 claimant sustained a work injury in May 2006 and is being treated for low back pain with lower extremity radiating symptoms. Recent treatments include acupuncture and myofascial therapy. A lumbar epidural steroid injection was done in April 2015. When seen, medications are referenced as decreasing pain by 95% with improved activities such as performing household chores and walking around his yard. Physical examination findings included lumbar tenderness with decreased range of motion and an antalgic gait. Norco was prescribed. At the previous visit he was having increased pain attributed to difficulty obtaining medications. Cyclobenzaprine is being prescribed on a long-term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short

course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. There are no current complaints or physical examination findings of ongoing muscle spasms. Continued prescribing is not considered medically necessary.