MAXIMUS Federal Services

Case Number:	CM15-0187343		
Date Assigned:	09/29/2015	Date of Injury:	05/01/2015
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
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: 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 33 year old male, who sustained an industrial injury on 5-1-2015. He reported exacerbation of low back pain. The lumbar spine MRI dated 5-28-15, revealed degenerative disc disease and small disc protrusion at L4-5 with no stenosis. Diagnoses include lumbar sprain-strain and lumbar radiculopathy. Treatments to date include activity modification, Cyclobenzaprine, Norco, and Mobic, noted to have been initiated in May 2015, and initiation of physical therapy in June 2015. Currently, he complained of increased pain in the right buttock and hip down to the knee, and improved low back pain. He completed three sessions of physical therapy and was pending a TENS unit for home use. On 8-5-15, the physical examination documented tenderness to the lumbar spine, sacral area, midline, and sacroiliac joint area with muscle spasms noted and decreased strength to the left lower extremities. Movement was noted a guarded with grimacing, limping favoring the right lower extremity and inability to "cuck walk" noted. He was evaluated by a pain management provider on 8-14-15, with no new complaints or physical findings documented. The medical record submitted for this review did not include subjective or objective evaluation of medication efficacy. The plan of care included continuation of previously prescribed medications with the addition of Amitriptyline for night use, a future epidural steroid injection, and ongoing physical therapy. The appeal requested authorization for prospective prescription of Cyclobenzaprine 7.5mg; Norco 5-325mg; and Mobic 15 mg. The Utilization Review dated 8-26-15, denied the prescription of Cyclobenzaprine 7.5mg; and modified the request for Norco to allow Norco 5-325mg #135 and Mobic 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: 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).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this injury with use of Cyclobenzaprine since May 2015. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5mg is not medically necessary and appropriate.

Norco 5/325mg: 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, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates request for Norco was modified for weaning. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with continued pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived

from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this injury without acute flare, new injury, or progressive neurological deterioration. The Norco 5/325mg is not medically necessary and appropriate.

Mobic 15mg: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Review indicates request for Mobic was modified. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered since May 2015. The Mobic 15mg is not medically necessary and appropriate.