

Case Number:	CM15-0193575		
Date Assigned:	10/07/2015	Date of Injury:	08/09/2012
Decision Date:	11/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/01/2015

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, Florida, 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 injured worker is a 47 year old male with an industrial injury dated 08-09-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral spondylosis without myelopathy, lumbar disc displacement without myelopathy, myalgia and myositis not otherwise specified, sleep disturbance not otherwise specified, sacroiliitis not elsewhere classified and lumbago. Medical records (02-24-2015 to 06-19-2015) indicate ongoing low back and bilateral lower extremities pain and right buttock pain. Pain level was 7 out of 10 on a visual analog scale (VAS). Current Medication include: Lidoderm, Omeprazole, Meloxicam, Norco, Cyclobenzaprine, Lyrica, Hydrochlorothiazide, Lisinopril and Sertraline. Objective findings (06-19-2015) revealed palpable taut bands in the area of pain, and soft tissue dysfunction and spasm in the lumbar paraspinal, gluteal and lower extremity region. Straight leg raises of the affected side reproduced injured worker's radicular symptoms. Compression of the pelvis produced concordant pain in the buttocks. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. The treatment plan included medication management. The treating physician prescribed Norco 10-325mg #90 and Cyclobenzaprine 10mg #90. Medical records indicate that the injured worker has been on Norco since at least February of 2015 and Cyclobenzaprine since at least May of 2015. A review of medical documentation indicates pain medication use without significant decrease in pain. The utilization review dated 09-25-2015 modified the request for Norco 10-325mg #50 (original #90) and non-certified the request for Cyclobenzaprine 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 page 79, 80 and 88 of 127. This claimant was injured 3 years ago. The patient has been on Norco since at least February of 2015, with no documentation of decreased pain or improved, objective functionality. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Cyclobenzaprine 10mg #90: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), page 41-42 of 127. This claimant was injured 3 years ago. The patient has been on medicines since at least February of 2015, with no documentation of decreased pain or improved, objective functionality. Further, there is no acute muscle spasm noted. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, no acute muscle spasm is noted. There has been no objective functional improvement noted in the long-term use of the medicine in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not medically necessary in the MTUS.