

Case Number:	CM15-0194619		
Date Assigned:	10/08/2015	Date of Injury:	08/09/2011
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 68 year old male who sustained an industrial injury on 8-9-11. The assessment is noted as cavovarus foot deformity-acquired and radiculopathy lumbar or thoracic spine. In a progress report dated 9-9-15, the physician notes since the last exam, his condition has not improved. Pain is noted as constant and rated at 3 out of 10 (4 out of 10 on 8-12-15) with medications and 7 out of 10 (7-8 out of 10 on 8-12-15) without medications. It is reported that Norco allows participation in activities of daily living and to sleep at night. No adverse effects or signs of misuse are reported and a pain agreement is noted as on file. Objective exam notes pain to palpation over the midline lumbar spine area, tenderness and spasm of both sides of the lumbar paraspinal area, range of motion remains grossly restricted and painful, gait is slow and guarded, and intermittent left leg radiculopathy following the L4 dermatome. Previous treatment includes warm and cold compresses, medications (Norco since at least 3-26-15) , physical therapy, home exercise, and left L4-L5 transforaminal epidural steroid injection and facet injection and aspiration on 7-2-15. Work status is to return to modified duties 9-9-15 with work restrictions. The requested treatment of Norco 10-325mg #90 was modified to Norco 10-325mg #60 and Flexeril 10mg #30 was modified to Flexeril 5mg #30 one tablet at bedtime on 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Flexeril 10mg QTY: 30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months . Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.