

Case Number:	CM15-0195925		
Date Assigned:	10/09/2015	Date of Injury:	09/07/1993
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
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: 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 64 year old male injured worker suffered an industrial injury on 9-7-1993. The diagnoses included lumbar radiculitis, chronic pain syndrome, multilevel disc herniations and myofascial dysfunction. On 9-3-2015 the treating provider reported continued increased pain with low back pain radiating to the posterior thigh and spasms. The provider reported patch worked well with no complications and it aids his activities of daily living. He reported left shoulder pain and stated the Flexeril gave him moderate relief. He had a pain contract since 2005. The medication gave him 40% relief. On exam he was observed to walk slowly with tenderness over the lumbosacral spine. Duragesic had been in use for at least 5 years, Norco and Flexeril had been in use since at least 2-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. Diagnostics included lumbar magnetic resonance imaging revealed disc protrusion with moderate stenosis. Request for Authorization date was 9-3-2015. The Utilization Review on 9-16-2015 determined modification for Norco 10/325mg #180 #120, non-certification for Duragesic 50mcg #10 and Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg #10: 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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1993 and continues to be treated for low back pain with radiating symptoms to the posterior thigh with spasms. His injury occurred while working at a gas company. He underwent a lumbar laminectomy in 1995 and has a current diagnosis of post laminectomy syndrome. In June 2015 was relocating from [REDACTED] to [REDACTED]. Medications had included Duragesic and hydrocodone which were continued. Soma was prescribed. As of August 2015 he continued to be treated in [REDACTED]. When seen in September 2015 medications were providing 40% relief. He was walking 2-3 times per day. He was performing a home exercise program. Flexeril was providing moderate relief. Physical examination findings included ambulating slowly. There was lumbar tenderness with trigger points. There was decreased sensation and he had difficulty with heel and toe walking. There was decreased lumbar spine range of motion. Duragesic and Norco were continued at a total MED (morphine equivalent dose) of 180 mg per day. Flexeril has been prescribed since at least February 2015. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done or considered. Ongoing prescribing of Duragesic at this dose is not considered medically necessary.

Norco 10/325mg #180: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in September 1993 and continues to be treated for low back pain with radiating symptoms to the posterior thigh with spasms. His injury occurred while working at a gas company. He underwent a lumbar laminectomy in 1995 and has a current diagnosis of post laminectomy syndrome. In June 2015 was relocating from [REDACTED] to [REDACTED]. Medications had included Duragesic and hydrocodone which were continued. Soma was prescribed. As of August 2015 he continued to be treated in [REDACTED]. When seen in September 2015 medications were providing 40% relief. He was walking 2-3 times per day. He was performing a home exercise program. Flexeril was

providing moderate relief. Physical examination findings included ambulating slowly. There was lumbar tenderness with trigger points. There was decreased sensation and he had difficulty with heel and toe walking. There was decreased lumbar spine range of motion. Duragesic and Norco were continued at a total MED (morphine equivalent dose) of 180 mg per day. Flexeril has been prescribed since at least February 2015. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done or considered. Ongoing prescribing of Norco at this dose is not considered medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant has a remote history of a work injury occurring in September 1993 and continues to be treated for low back pain with radiating symptoms to the posterior thigh with spasms. His injury occurred while working at a gas company. He underwent a lumbar laminectomy in 1995 and has a current diagnosis of post laminectomy syndrome. In June 2015 was relocating from [REDACTED] to [REDACTED]. Medications had included Duragesic and hydrocodone which were continued. Soma was prescribed. As of August 2015 he continued to be treated in [REDACTED]. When seen in September 2015 medications were providing 40% relief. He was walking 2-3 times per day. He was performing a home exercise program. Flexeril was providing moderate relief. Physical examination findings included ambulating slowly. There was lumbar tenderness with trigger points. There was decreased sensation and he had difficulty with heel and toe walking. There was decreased lumbar spine range of motion. Duragesic and Norco were continued at a total MED (morphine equivalent dose) of 180 mg per day. Flexeril has been prescribed since at least February 2015. Flexeril (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. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.