

Case Number:	CM15-0204923		
Date Assigned:	10/21/2015	Date of Injury:	12/06/2006
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/19/2015

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, New York, 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 applicant is a represented 58-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of December 6, 2010. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for Norco and Flexeril. The claims administrator referenced a September 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 25, 2015, the applicant reported ongoing complains of neck and low back pain. The applicant reported some reduction in pain scores with ongoing medications consumption. The applicant was considering an epidural steroid injection, it was reported. Norco, Flexeril, and Neurontin were renewed. The applicant's work status was not explicitly stated. On August 27, 2015, the applicant reported ongoing complaints of low back and neck pain. The applicant was given refills of Norco, Flexeril, and Neurontin. The attending provider stated that the applicant's pain complaints were reduced as a result of ongoing medication consumption. The applicant's work status, once again, was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60: Upheld

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

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

Decision rationale: No, the request for Flexeril (Cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is deemed not recommended. Here, the applicant was, in fact, using at least 2 other analgesic and adjuvant medications, Norco and Neurontin. The addition of Cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 60-tablet supply of Flexeril at issue, moreover, represented treatment in excess of the short course of therapy for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

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, criteria for use.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on office visits of August 27, 2015 and September 24, 2015, suggesting that the applicant was not, in fact, working. While the treating provider did recount a reduction in pain scores reportedly achieved as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to report the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.