

Case Number:	CM15-0205237		
Date Assigned:	11/19/2015	Date of Injury:	10/10/2002
Decision Date:	12/30/2015	UR Denial Date:	09/16/2015
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: New Jersey

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 54 year old female who sustained an industrial injury on October 10, 2002. The worker is being treated for: back pain, discogenic lumbar condition, depression, stress and sleep disorder; chronic pain disorder. Subjective: August 2015 she reported having "intermittent low back pain." September 02, 2015 she reported complaint of back pain that shoots down bilateral lower extremities. Objective: August 2015 noted the lumbar examination noted tenderness across the lumbar paraspinal muscles and pain with facet loading. September 2015 noted discussion regarding multiple requests for medications with denials. Diagnostic: 2014 EMG NCV, MRI lumbar spine. Medication: July 2015: Tramadol ER, Naproxen and requesting Flexeril. August 2015: Naproxen, Tramadol ER. September 2015: Tramadol, and request for: Naproxen, Protonix, Aciphex, Ultracet, Norflex, Topamax, Effexor, and Lunesta. Treatment: DME back brace, hot and cold wrap, TENS unit, pain management. On September 02, 2015 a request was made for Ultracet 37.5 mg #60 that was modified and Norflex ER 100mg #60 that was noncertified by Utilization Review on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient reporting of this full review and requirements having been completed recently. In particular there was no recent evaluation of how tramadol had been measurably helping the functional ability of the worker and reducing pain compared to without its use. Without this clear report of benefit, Ultracet is not medically necessary as it is tramadol.

Norflex ER 100mg #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): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no report found of an acute flare leading up to this request. Also, this request for #60 pills appears to be intended for continuation of chronic use, which the worker had been doing for many months prior and which is not recommended for this drug class. Therefore, this request for Norflex is not medically necessary.