

Case Number:	CM15-0206423		
Date Assigned:	10/23/2015	Date of Injury:	10/12/2008
Decision Date:	12/04/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida

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:

This 70 year old female sustained an industrial injury on 10-12-06. Documentation indicated that the injured worker was receiving treatment for lumbago. Previous treatment included transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 6-16-15, the injured worker reported the injured worker complained of ongoing low back pain. The injured worker had been taking Percocet for pain but stated that she could no longer take it because it was making her vomit. The injured worker stated that she was afraid to take Ibuprofen, Tramadol caused nausea and Vicodin had made her vomit in the past. The injured worker wanted to try Norco even if it's the same thing as Vicodin. The treatment plan included a trial of Norco and continuing Trazodone. In a PR-2 dated 9-28-15, the injured worker's chief complaint was that she wanted to get off the transcutaneous electrical nerve stimulator unit because it didn't work as well as it used to. The injured worker reported that she got occasional sharp pains across her back. The injured worker was requesting a refill of Flexeril. The injured worker stated that she rarely used it and that it caused dry mouth, but it helped when she did use it. The injured worker was also requesting a refill of Norco and stated that she took two per day. The physician stated that based on the date of the last prescription, the injured worker should have quite a few left but the injured worker said she did not have many left. The treatment plan included discontinuing transcutaneous electrical nerve stimulator unit and prescriptions for Cyclobenzaprine, Lidoderm patch and Norco. On 10-8-15, Utilization Review noncertified a request for Flexeril HCL #30 and modified a request for Norco #90 with no refills to Norco #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #90 no refills: 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.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.

Flexeril HCL #30 no refills: 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: In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Flexeril is not medically necessary.