

Case Number:	CM15-0209508		
Date Assigned:	10/26/2015	Date of Injury:	08/18/2010
Decision Date:	10/28/2015	UR Denial Date:	09/25/2015
Priority:	Expedited	Application Received:	10/23/2015

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: Hawaii, California, Iowa

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:

This is a 56 year-old male who has reported neck, shoulder, and back pain after a motor vehicle accident on 8/18/10. A review of the medical records indicates the patient undergoing treatment for sprains and strains of the shoulder, thoracic and lumbar spine. Treatments have included physical therapy, chiropractic, injections, medications, and surgery. Surgeries have been performed on the cervical spine (a fusion) in 2013 and the lumbar spine in 2014. Reports from a prior treating physician in 2015 list only Norco as an ongoing medication. Reports from the current prescribing physician during 2015 begin on 6/4/15, are approximately every 1-2 months, and show ongoing pain treated with Norco, Flexeril, and naproxen. Tramadol was not listed as an ongoing or prescribed medication. The injured worker is stated to be working at full duty. The injured worker reportedly drinks 3+ beers a week. Reports detail compliance with guidelines for opioids. A urine drug screen on 6/4/15 was negative for cyclobenzaprine and positive for hydrocodone and tramadol. This result was not discussed by the treating physician. Per the PR2 of 9/10/15, the injured worker was stated to be working although no work status was provided. Pain was 4-8 out of 10 and improved with medications. Norco and naproxen were used daily, and Flexeril was taken occasionally. The treatment plan included continuation of all medications with refills. The next appointment was in 4 weeks. These medications were formally requested per a Request for Authorization dated 9/18/15. On 9/25/15 Utilization Review certified Norco, with no refills; Naprosyn with refills; and Flexeril with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Norco 5/325mg, per 9/10/15 order Quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Alcohol and opioids, Pain chapter, Opioids.

Decision rationale: This review is for refills of Norco that were prescribed on the same day that a month's supply was prescribed (and subsequently certified in Utilization Review). Although this review includes a discussion of medical necessity factors for Norco, it is also relevant that the DEA no longer allows refills of hydrocodone. This refill is therefore not compliant with opioid prescribing regulations. The MTUS recommends prescribing opioids according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Most of these criteria appear to have been met. The injured worker is working at full duty, which implies good function. The treating physician has stated compliance with other MTUS recommendations. However, the drug testing program does not meet usual standards, particularly with respect to handling of the results. At the time of the "baseline", drug test the injured worker was stated to be taking Flexeril and hydrocodone. The test was negative for Flexeril and positive for tramadol as well as hydrocodone. The treating physician did not address these results and made no mention of any use of tramadol. Although there might be conceivably be a valid explanation for these results apart from aberrant use of opioids, this cannot be presumed and such results must always be addressed. Part of an adequate response to such results should include future testing on a random basis. There is no evidence in the records of any random testing program. The Official Disability Guidelines, as cited above, recommend extreme caution when prescribing opioids to patients who use or abuse alcohol. In general, opioids and alcohol are not recommended in combination. The treating physician has not discussed the self-reported use of alcohol and there is no apparent plan in place to address this. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS, the Official Disability Guidelines, and the DEA regulations, and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

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Refill of Flexeril 10mg, per 9/10/15 order Quantity: 20: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing of Flexeril has occurred for at least 3 or more months on a continuous basis. The quantity prescribed (including two refills) implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed

multiple medications along with cyclobenzaprine. The drug test was negative for cyclobenzaprine, a result which calls into question the pattern of use (or if the injured worker even takes the medication) and which has not been addressed by the treating physician. Per the MTUS and the negative drug test, this muscle relaxant is not indicated and is not medically necessary. The injured worker was certified in Utilization Review for a single prescription of Flexeril.

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