MAXIMUS Federal Services

Case Number:	CM15-0022506		
Date Assigned:	02/12/2015	Date of Injury:	06/21/2011
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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 injured worker is a 50-year-old male patient, who sustained an industrial injury on 06/21/2011. A neurological follow up visit dated 12/04/2014 reported the patient with a history of lumbar fusion. He has had a denial for lumbar surgery and has been evaluated for depression with recommendation of psychiatric evaluation with pharmalogical treatment. Current subjective complaint reported by patient of low back pain; worse on the left side. Physical examination found moderate discomfort on palpation over the mid lumbar spine. He is noted with back pain upon extension after 20 degrees. He is diagnosed with failed back syndrome with a history of lumbar fusion. The plan of care involved psychiatric referral; resubmission of request for fusion an redo-decompression at L5-S1 and follow up for re-evaluation. A primary treating office visit dated 12/18/2014 reported the following diagnoses applied lumbar strain; status postsurgical arthrodesis and lumbar pain. Subjective complaints of low back pains, significant, even with touch to the lumbar region. Compression of his head caused significant back pain. There is significant amount of Waddell signs. A computerized tomography study is noted as stable. Recommendation for pain management specialist and or psychiatrist consultation. The patient is total temporary disabled. He is noted to remain off from work to 12/18/2014 under future care. Lastly, a primary treating visit dated 12/30/2014 described subjective symptom about the same and continues to experience quite a bit of pain. Needs his medications. Objective findings showed dorsolumbar spine 4.5 in healed incision L1 through S1 with tenderness in the lumbar paraspinal muscles with flexion 30 degrees, extension zero, right and left bending 10 degrees and motor strength within normal limits. On 01/09/2015, a request for Norco 10/325MG times two

and Flexeril 10MG was placed. On 01/20/2015 Utilization Review non-certified the request, noting the CA MTUS Chronic Pain Guidelines, Opiods, Muscle Relaxants were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific standards for the responsible prescribing of opioids on a long term basis. These standards include careful documentation of how opioids are utilized, how much pain relief is provided, the length of pain relief, impact on daily functioning and the lack of aberrant drug related behaviors. These standards are met. No pain relief is documented and the other standards are not addressed. Under these circumstances the Norco 10325mg #60 is not supported by Guidelines and is not medically necessary.

Norco 10/325 mg #60 to be filled on 1/1/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific standards for the responsible prescribing of opioids on a long term basis. These standards include careful documentation of how opioids are utilized, how much pain relief is provided, the length of pain relief, impact on daily functioning and the lack of aberrant drug related behaviors. These standards are met. No pain relief is documented and the other standards are not addressed. Under these circumstances the Norco 10325mg #60 to be filled on 1/1/2015 is not supported by Guidelines and is not medically necessary.

Flexeril 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines do not recommend the long-term use of Flexeril beyond 2-3 weeks for acute flare-ups. The Flexeril is being prescribed on a long-term daily basis and there is no evidence of the limited short-term use as recommended by Guidelines. There are no unusual circumstances to justify an exception to Guidelines. The Flexeril 10mg #60 is not medically necessary.