

Case Number:	CM15-0025143		
Date Assigned:	02/17/2015	Date of Injury:	01/03/2011
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, California
 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 51 year old female, who sustained an industrial injury on January 3, 2011. The injured worker had reported a back injury. The diagnoses have included lumbar herniated nucleus pulposus, status post lumbar fusion and chronic back pain. Treatment to date has included pain medication, diagnostic testing, lumbar interbody fusion in 2011, posterior lumbar fusion in 2013, computed tomography scan, aquatic therapy and a bone stimulator. Current documentation dated December 29, 2015 notes that the injured worker reported a sharp shooting pain up the back two weeks prior. The pain was relieved temporarily by Norco and Flexeril. Physical examination revealed tenderness and muscle spasms of the lumbar spine. Range of motion was noted to be painful. On January 12, 2015 Utilization Review non-certified a request for Flexeril 10 mg # 30 and a computed tomography scan of the lumbar spine to evaluate for non-union fusion and modified a request for Norco 10/325 mg # 60 for tapering. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On January 12, 2015, the injured worker submitted an application for IMR for review of Flexeril 10 mg # 30, Norco 10/325 mg # 60 and a computed tomography scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco and /or Percocet since 2011. Recent notes do not mention pain scores. There is no mention of Tylenol failure. The continued use of Norco is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cyclobenzaprine (Flexeril)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril in combination with Norco and it was prescribed for more than a week. Continued use is not medically necessary.

CAT Scan for the Lumbar Spine to evaluate non-union fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, a CT of lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. There was no indication that an x-ray would not be sufficient. The request for a CT scan of the lumbar spine is not medically necessary.

