

Case Number:	CM15-0028154		
Date Assigned:	02/25/2015	Date of Injury:	09/06/2013
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male with an industrial injury dated September 6, 2013. The injured worker diagnoses include lumbar disc displacement, lumbar disc herniation and lumbar radiculopathy. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, chiropractic therapy, physical therapy, work modifications and periodic follow up visits. According to the progress note dated 2/3/2015, the treating physician noted pain radiating down the right leg into his foot with occasional right groin pain. The treating physician also noted that the injured worker exhibited signs of a lumbar radiculopathy on examination and his MRI report revealed an L5-S1 disc herniation with potential for L5 and S1 nerve root impingement. The treating physician prescribed Flexeril 7.5MG #60 and Norco 10/325mg #60. Utilization Review determination on February 5, 2015 denied the request for Flexeril 7.5MG #60 and Norco 10/325mg #60, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain down the right leg and burning pain down the left buttock. The current request is for Flexeril 7.5 mg, #60. The treating physician states that the patient's pain is aggravated by sitting, standing, walking, lifting and driving and is relieved by unknown factors. 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 conditions such as chronic LBP. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. In this case, the treating physician has been prescribing Flexeril at night PRN. This medication does not fit the definition of long term usage. The current request is not medically necessary and the recommendation is for denial.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 74-96.

Decision rationale: The patient presents with pain down the right leg and burning pain down the left buttock. The current request is for Norco 10/325 mg, #60. The treating physician states that the patient's pain is aggravated by sitting, standing, walking, lifting and driving and is relieved by unknown factors. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not provided documentation as to the 4As. The only pain assessment states that the patient's pain is at its worst 8/10 and reduced to 4/10 with medication. There is a review of systems covering side effects and results of drug testing. The physician only states that the patient reports "no significant changes in his condition" and doesn't include information regarding functional improvement in ADLs. The guidelines require specific discussion of the effect on ADLs. The current request is not medically necessary as specified in the guidelines and the recommendation is for denial.