

Case Number:	CM15-0210510		
Date Assigned:	10/29/2015	Date of Injury:	01/14/2012
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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: Emergency 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 40 year old male, who sustained an industrial injury on 01-14-2012. He has reported injury to the neck and low back. The diagnoses have included degeneration lumbar-lumbosacral intervertebral disc; lumbago; failed back syndrome; other chronic pain; neck pain; depressive disorder; and anxiety state, unspecified. Treatment to date has included medication, diagnostics, activity modification, acupuncture, epidural steroid injection, physical therapy, and lumbar spine surgery in 07-2013. Medications have included Norco, Norflex, Ultram ER, and Cyclobenzaprine. A progress report from the treating physician, dated 09-30-2015, documented a follow-up visit with the injured worker. The injured worker reported that his pain has worsened by 70%; the pain is constant; the pain is described as aching, burning, sharp, piercing, shooting, dull, numbing, prickly, night pain, morning stiffness, and radiating to toes; right foot numb; the pain is rated at 9 out of 10 in intensity on a scale of 0-10; and modifying factors include rest, pain medications, and special positioning. Objective findings included he is alert and in no acute distress; affect is normal and positive; and there are no changes in musculoskeletal examination. The physical exam, dated 07-15-2015, included antalgic gait; decreased range of motion at the lumbar spine; and motor testing is 5 out of 5 in the bilateral lower extremities. The treatment plan has included the request for Norco 5-325mg, #60; Ultram ER 100mg, #30 with 1 refill; and Cyclobenzaprine HCl 5mg, #90 with 1 refill. The original utilization review, dated 10-19-2015, non-certified the request for Norco 5-325mg, #60; Ultram ER 100mg, #30 with 1 refill; and Cyclobenzaprine HCl 5mg, #90 with 1 refill. A letter of appeal from the patient dated 10/26/15 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails ALL criteria. Not a single required component is documented anywhere in last few months of progress notes. No pain or functional assessment is noted. No urine drug screen or any abuse or side effect screening is noted. Provider has failed to meet necessary criteria for opioid medication. The request is not medically necessary.

Ultram ER 100mg, #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Ultram is a direct Mu-agonist, an opioid-like medication. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails ALL criteria. Not a single required component is documented anywhere in last few months of progress notes. No pain or functional assessment is noted. No urine drug screen or any abuse or side effect screening is noted. Provider has failed to meet necessary criteria for opioid medication. Refills are not recommended as per MTUS guidelines due to lack of monitoring or reassessment. The request is not medically necessary.

Cyclobenzaprine HCL 5mg, #90 with 1 refill: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbation. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for several months. The number of tablets is not consistent with short term use or weaning. Cyclobenzaprine is not medically necessary.