

Case Number:	CM15-0217386		
Date Assigned:	11/09/2015	Date of Injury:	01/17/2015
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/04/2015

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 63-year-old male, who sustained an industrial injury on 1-17-15. The documentation on 7-2-15 noted that the injured worker has complaints of lower back. Range of motion is restricted with flexion limited. Paravertebral muscles, spasm and tenderness are noted on both sides. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; displacement of lumbar intervertebral disc without myelopathy and lumbago. Lumbar spine computerized tomography (CT) scan on 2-9-15 revealed bilateral sclerotic sacroiliitis right worse than left; severe right and moderate left L5-S1 (sacroiliac) foraminal stenosis due primarily to facet disease; no evidence of fracture and 2 shot pellets are visible in the posterior subcutaneous fat in the lumbar area. Treatment to date has included status post bilateral L4-L5, L5-S1 (sacroiliac) MBB; epidural steroid injection; physical therapy; chiropractic 12 sessions; advil; norco and nabumetone. The original utilization review (10-7-15) non-certified the request for ultracet 37.5-325mg #60 and norflex 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain scores were not routinely noted. It was taken in combination with NSAIDS and its contribution to relief is unknown. The continued use of Ultracet is not medically necessary.

Norflex 100mg #60: 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): Muscle relaxants (for pain).

Decision rationale: Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Norflex for several months in combination with NSAIDS and opioids. Long-term use is not recommended. Pain score reductions were not consistently noted. Continued and chronic use of Norflex is not medically necessary.