

Case Number:	CM15-0036465		
Date Assigned:	03/05/2015	Date of Injury:	11/08/2000
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/26/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old female, who sustained an industrial injury on 11/08/2000. She has reported low back pain. The diagnoses have included lumbosacral neuritis; lumbar radiculopathy; and chest wall pain. Treatment to date has included medications, massage therapy, home exercise program, and TENS (transcutaneous electrical nerve stimulation) unit. Medications have included Flexeril, Prilosec, Norco, and Naproxen sodium. A progress note from the treating physician, dated 01/09/2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain with radiation to the left lower extremity, with occasional cramps in the calf; difficulty with activities of daily living due to the low back pain; and intermittent chest wall pain. Objective findings included slight to moderate paralumbar muscle spasm; decreased lumbar spine range of motion; and mild tenderness of the medial aspect of the anterior chest wall. Request is being made for massage therapy sessions and for prescription medications. On 02/02/2015 Utilization Review modified 1 prescription of Norco 7.5/325 mg #120, to Norco 7.5/325 mg #24; noncertified 1 prescription of Flexeril 7.5 mg #60; modified 1 prescription of Naproxen sodium 550 mg, to Naproxen sodium 550 mg #60; and modified a prescription for 12 massage therapy sessions, to 6 massage therapy sessions. The CA MTUS was cited. On 02/26/2015, the injured worker submitted an application for IMR for review of 1 prescription of Norco 7.5/325 mg #120; 1 prescription of Flexeril 7.5 mg #60; 1 prescription of Naproxen sodium 550 mg; and 12 massage therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2000. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of percocet is not substantiated in the records.

1 prescription of Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2000. The medical course has included numerous treatment modalities and use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 1/15 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to cyclobenzaprine to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records.

1 prescription of Naproxen sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2000. The medical course has included numerous diagnostic and treatment modalities including surgery and

use of several medications including narcotics and NSAIDs. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of naproxen is not substantiated in the records.

12 massage therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 60.

Decision rationale: Massage therapy is recommended as an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. Furthermore, many studies lack long-term follow-up. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial. This injured worker has chronic pain and has not had any recent surgery. The medical records do not substantiate the medical necessity of massage therapy.