

Case Number:	CM15-0040934		
Date Assigned:	03/11/2015	Date of Injury:	01/03/2011
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: California

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 52-year-old female, who sustained an industrial injury on 1/3/11. She has reported back injury after pushing a dim sum cart as a casino worker. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and status post fusion non union. Treatment to date has included medications, diagnostics, surgery, aquatic therapy x2 and physical therapy. The surgery has included anterior lumbar fusion and posterior lumbar fusion secondary to non-union. Currently, as per the physician progress note dated 12/29/14, the injured worker complains of sharp shooting pain up to the mid back and low back and she states that she has relief with using medications. The current medications noted were Norco and Flexeril. Physical exam of the lumbar spine revealed positive spasms and tenderness, positive right paraspinal pain and pain with flexion and extension. The Treatment Plan included Continue with medications Norco and Flexeril and Computed Tomography (CT) scan of the lumbar spine to evaluate non-union fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

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

Decision rationale: This patient has a date of injury of 01/03/11 and is status post lumbar fusion from 04/02/13 with continued complaints of low back pain. The Request for Authorization is not provided in the medical file. The current request is for FLEXERIL 10MG #30. The MTUS Guidelines page 63-66 states, muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The patient has been prescribed Flexeril since 08/05/14. MTUS Guidelines supports the use of Flexeril for short course of therapy, not longer than 2 to 3 weeks. Given that this medication has been prescribed for long term use, this request IS NOT medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 01/03/11 and is status post lumbar fusion from 04/02/13 with continued complaints of low back pain. The Request for Authorization is not provided in the medical file. The current request is for NORCO 10/325MG #60. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been prescribed Norco since 08/05/14. Progress report dated 09/05/14 states that the patient continues to have a lot of pain today. The patient refused x-rays due to inability to stand, sit or walk due to pain. Treatment plan included continuation of medications including Norco. Report 11/31/14 notes continued L/S pain, taking pain meds to make pain manageable. On 12/29/14, the patient reported relief with taking meds. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required

by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.