

Case Number:	CM15-0041950		
Date Assigned:	03/11/2015	Date of Injury:	12/29/2013
Decision Date:	04/21/2015	UR Denial Date:	02/20/2015
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, 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 28-year-old male, who sustained an industrial injury on 12/9/13. He reported back pain. Currently, the injured worker complains of increased bilateral low back pain with the left worse than the right, thoracic pain and right neck pain. The injured worker was diagnosed as having lumbar facet joint arthropathy; chronic back pain; left lumbar spine disc protrusion L4-L5; lumbar sprain/strain; chronic neck pain; trapezius pain; shoulder sprain/strain; ankle sprain. Treatment to date has included physical therapy; acupuncture; status post diagnostic bilateral L4-L5 and L5-S1 facet joint medial branch block 70% relief (7/31/14); status post lumbar diagnostic facet joint medial branch block-six levels with bottom two levels radiofrequency ablation procedure with no pain relief (11/21/14); MRI lumbar spine with L4-5 foraminal protrusion/annular tear (4/10/14); medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30, 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 74-82, 63-64, 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with low back and neck pain. The current request is for Flexeril 10mg #30, 2 refills. The treating physician states, "The patient was provided a prescription for his industrially-related medication Flexeril 10 mg 1 tab p.o. b.i.d. p.r.n. pain #30 with 2 refills. The Flexeril meets MTUS and ODG guidelines as it provides 50% decrease of the patient's spasms with 50% improvement of the patient's activities of daily living such as self-care and dressing. This medication provides the patient with an additional 2-3 hours of sleep per night. The medication has no adverse effects. The patient shows no aberrant behaviors." (50B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has been prescribing this medication to the patient since June 2014 (84B). The MTUS guidelines only recommend this medication for short-term usage. In the sig and amounts prescribed, Flexeril is provided for at most 2 weeks of continuous use, which are within MTUS guidelines. The current request is medically necessary and the recommendation is for authorization.

Norco 10/325mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-82, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-94.

Decision rationale: The patient presents with low back and neck pain. The current request is for Norco 10/325 mg #45. The treating physician states, "The patient was provided a prescription for his industrially-related medication Norco 10/325 mg 1 tab p.o. b.i.d. p.r.n. pain #45 with 0 refills. The medication has no adverse effects. The patient shows no aberrant behaviors." (49B) For chronic opiate use, the 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 4A?s (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 documented before or after pain scales through the use of Oswestry pain scales and 50% functional improvement in ADLs and sleep (B50) with Norco usage (2/15/2015 PR2). UDS and lack of adverse effects were documented. The current request is medically necessary and the recommendation is for authorization.