MAXIMUS Federal Services

Case Number:	CM15-0045251		
Date Assigned:	03/17/2015	Date of Injury:	04/03/2001
Decision Date:	04/20/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 67 year old male, who sustained an industrial injury on 4/3/01. He reported a back injury. The injured worker was diagnosed as having cervical spondylosis, post laminectomy syndrome lumbar spine, lumbago, cervicalgia, long term use of medications and neuralgia. Treatment to date has included spinal cord stimulator, cervical spine surgery, oral medications including opiates, physical therapy and home exercise program. (MRI) magnetic resonance imaging of lumbar spine was performed on 11/7/14. Currently, the injured worker complains of worsening pain, numbness and decreased function. On physical exam stinging, sharp radiating tenderness to lower extremities is noted. The treatment plan is to continue medications as given and continue light exercise and stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 7.5/325mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are lumbar spondylosis; post laminectomy syndrome; and neuralgia. The documentation indicates the injured worker was on an opiate, OxyContin, as far back as 2006. Norco first appears in progress note dated September 24, 2014. In the most recent progress note, February 11, 2015, the treating physician documents the injured worker is suffering with pain that continues to worsen with decreased function and increased tenderness (objectively). There is no documented objective functional improvement. There are no risk assessments the medical record. There are no detailed pain assessments in the medical record (with ongoing long-term opiate use). Additionally, the injured worker is still taking Norco 10/325mg. Consequently, absent clinical documentation with objective functional improvement and worsening pain and decreasing function, Norco 7.5/325mg #90 is not medically necessary.

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar spondylosis; post laminectomy syndrome; and neuralgia. The documentation indicates the treating physician prescribed Flexeril as far back as September 24, 2014. Flexeril is recommended for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. There is no documentation of an acute exacerbation of chronic low back pain. Additionally, the treating physician exceeded the recommended guidelines for short-term (less than two weeks) by continuing Flexeril in excess of five months. Consequently, absent compelling clinical

documentation with objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks), Flexeril 10mg #30 is not medically necessary.