

Case Number:	CM15-0055372		
Date Assigned:	03/30/2015	Date of Injury:	05/14/1995
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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 66-year-old female, who sustained an industrial injury on 05/14/1995. She reported a lifting type injury with pain in the low back. Diagnoses include degenerative disc disease, stress disorder and back pain with radicular symptoms. She is status post lumbar laminectomy and discectomy in 1995. Treatments to date include medication therapy, chiropractic therapy, and physical therapy, acupuncture and steroid injections. Currently, they complained of increased back pain with radiation to the bilateral hips and thighs. On 3/3/15, the physical examination documented bilateral straight leg raise tests. The plan of care included continuation of Norco as previously prescribed and a referral for a neurosurgeon secondary to changes noted to the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60-61.

Decision rationale: The patient presents with increased back pain with radiation to the bilateral hips and thighs. The pain is rated 6-7/10 without and 3-4/10 with medication. The request is for NORCO 10/325 MG #180. The RFA provided is dated 03/09/15. The patient is status post lumbar laminectomy and discectomy in 1995. On 03/03/15, the physical examination documented positive bilateral straight leg raise tests. Patient's diagnosis included degenerative disc disease, stress disorder, and back pain with radicular symptoms. The patient is to remain off work until 03/31/15. MTUS Guidelines page 60-61 state that, "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." Per the progress report dated 03/03/15, the patient's pertinent medications included Bupropin HCL ER, Omeprazole, Losartan, and Meloxicam. In reviewing the medical records provided, the current prescription for Norco appears to have been prescribed on 03/03/15; however, it is not clear whether or not the patient has previously used Norco and with what efficacy. Given the patient's chronic back pain, a trial of opiate may be supported; however, the request for quantity 180 is not in accordance with the guidelines as MTUS requires starting at the lowest dose possible, check for efficacy and then consider increasing the dose. As it is written, the request would be for 6 Norco's per day which is too high for a starting dose. The treater does not explain why the patient requires such a high dose from the beginning. The request is not medically necessary.

Cyclobenzaprine HCL 10mg #90: Upheld

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

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

Decision rationale: The patient presents with increased back pain with radiation to the bilateral hips and thighs. The pain is rated 6-7/10 without and 3-4/10 with medication. The request is for CYCLOBENZAPRINE HCL 10MG #90. The RFA provided is dated 03/09/15. The patient is status post lumbar laminectomy and discectomy in 1995. On 3/3/15, the physical examination documented positive bilateral straight leg raise tests. Patient's diagnosis included degenerative disc disease, stress disorder, and back pain with radicular symptoms. The patient is to remain off work till 03/31/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal

conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater does not provide a rationale for the request. Patient has been prescribed Cyclobenzaprine from at least 06/04/14. Such a long course of treatment with this prescription is not compliant with the guidelines as MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Additionally, the current request for quantity 90 does not indicate intended short-term use either. Therefore, the request is not medically necessary.