

Case Number:	CM15-0059399		
Date Assigned:	04/03/2015	Date of Injury:	12/04/2011
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 38 year old female, who sustained a work/ industrial injury on 12/4/11. She has reported initial symptoms of neck and back pain. The injured worker was diagnosed as lumbar disc herniation with neural foraminal narrowing, facet arthropathy of the lumbar spine, chronic neck and back pain, and cervical disc herniation with mild to moderate stenosis. Treatments to date included medication, diagnostics, surgery (right shoulder surgery 1/21/14), physical therapy, weight loss program, activity modification, chiropractic treatment, and acupuncture. Magnetic Resonance Imaging (MRI) was performed on 7/2/14, 5/1/12, and 9/14/14. Currently, the injured worker complains of neck rated 1-2/10 and mainly in the low back pain rated 5-6/10 and leg cramps. There was report of limping and morning headaches. She remains at full work with help from medications. The treating physician's report (PR-2) from 2/17/15 indicated that the injured worker had elevated blood pressure caused by pain prompting an emergency room visit. Gait is antalgic; range of motion was decreased in the cervical, thoracic, and lumbar spine. There is decreased sensation at L4-S1 dermatome distribution on the right. Treatment plan included Norco and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines allow for the judicious use of opioids when there is meaningful pain relief, functional support (as best evidenced by return to work) and no misuse. This individual meets these Guideline criteria. She receives pain relief adequate to remain at work and there is no misuse. Under these circumstances, the Norco 10/325 #60 is supported by Guidelines and is medically necessary.

Cyclobenzaprine 7.5mg #30: Overturned

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): 64.

Decision rationale: MTUS Guidelines do not support the chronic daily use of muscle relaxants for low back pain. However, they do state that periodic use for flare-ups is appropriate. It is documented that she utilizes the muscle relaxant on a prn on basis and the amount of the prescriptions are much less than full daily use. It is also clearly documented that she is attempting to maximize her function with remaining at work. Under these circumstances, the Cyclobenzaprine 7.5mg #30 is supported by Guidelines and is medically necessary.