

Case Number:	CM15-0063157		
Date Assigned:	04/09/2015	Date of Injury:	12/29/2004
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old male who sustained an industrial injury to his lower back on December 29, 2004. The injured worker was diagnosed with two-level lumbar discopathy, mild cervical degenerative disc disease and chronic pain syndrome. The injured worker is status post a two level fusion with subsequent removal of hardware (no date documented). According to the primary treating physician's progress report on February 6, 2015, the injured worker is experiencing increasing low back pain with numbness and tingling and radiation to the lower extremities. His pain is rated at 7/10. Examination of the lumbar spine demonstrated tenderness, spasm and tightness. He has an antalgic gait and is short stepped and develops pain when heel/toe walking. Range of motion is decreased with extreme pain to the mid thoracic spine. Current medications are listed as Norco, Ambien and Omeprazole. Treatment plan consists of physical therapy and the current request for Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #75: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Norco 10/325mg, #75 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not indicate evidence of significant functional improvement or pain relief on prior Norco therefore the request for continued Norco is not medically necessary.

Flexeril 10mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

Decision rationale: Flexeril 10mg, #60 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril is not medically necessary.