

Case Number:	CM15-0085808		
Date Assigned:	05/08/2015	Date of Injury:	01/15/2013
Decision Date:	06/09/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33-year-old male, who sustained an industrial injury on January 15, 2013. The injured worker was diagnosed as having status post L4-L5 laminectomy and disc excision and flare of low back pain. Treatment to date has included MRI, lumbar laminotomy/microdiscectomy, physical therapy, and medication. Currently, the injured worker complains of a severe flare of back pain with recurrence of left gluteal pain and left posterior thigh pain. The Primary Treating Physician's report dated April 14, 2015, noted the injured worker underwent a left L4-L5 laminectomy and disc excision for a contained disc herniation at L4-L5, enrolled in one course of physical therapy. The injured worker was noted to be functioning well, but his core muscle strength was not fully developed, with the therapist requesting additional sessions. Physical examination was noted to show some palpable left paralumbar spasm, with restriction in forward flexion and right lateral flexion of the lumbar spine resulting in left paraspinal back pain. The treatment plan was noted to include prescription refills for Flexeril and Norco, and request for authorization for physical therapy to alleviate the flare and resume core muscle strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Flexeril 10 mg (qty unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p 41 (2) Muscle relaxants, p 63 Page(s): 41, 63.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for low back pain. Treatments have included a lumbar discectomy in October 2014. When seen, he was receiving physical therapy treatments. There had been a flare-up of back pain beginning three weeks before. He was not having radiating symptoms. Physical examination findings included decreased spinal range of motion with positive crossed straight leg raising on the right producing left sided radicular symptoms. Medications being prescribed included Flexeril 10 mg three times per day as needed and Norco 10/325 mg every six hours as needed. Medications were refilled. Authorization for additional physical therapy was requested. Muscle relaxants have been prescribed since April 2013. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is unknown and muscle relaxants have been prescribed on a long-term basis. Flexeril was not medically necessary.

Unknown Prescription of Norco 10/325 mg (qty unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for low back pain. Treatments have included a lumbar discectomy in October 2014. When seen, he was receiving physical therapy treatments. There had been a flare-up of back pain beginning three weeks before. He was not having radiating symptoms. Physical examination findings included decreased spinal range of motion with positive crossed straight leg raising on the right producing left sided radicular symptoms. Medications being prescribed included Flexeril 10 mg three times per day as needed and Norco 10/325 mg every six hours as needed. Medications were refilled. Authorization for additional physical therapy was requested. Muscle relaxants have been prescribed since April 2013. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.

