

Case Number:	CM15-0087395		
Date Assigned:	05/11/2015	Date of Injury:	10/19/2012
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/06/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 53 year old male, who sustained an industrial injury on 10/19/12. He reported pain in low back and legs with numbness and tingling. The injured worker was diagnosed as having lumbar discogenic disease L4-5 and L5-S1, thoracic strain, right lower extremity radiculopathy, stenosis L4-5 and status post lumbar spine fusion. Treatment to date has included L4-5 and L5-S1 spinal fusion, physical therapy, oral medications including Norco and Flexeril and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 6/5/13 revealed mild to moderate multi-level changes, L4-5 mild diffuse disc bulge, L5-S1 mild diffuse disc osteophyte complex and no spinal stenosis noted. Currently, the injured worker complains of right hip and mid back pain, which is improving, and rated 4/10 without medications and 2/10 with medications. Physical exam noted a well healed lumbar spine scar, right sided sciatica, SI tenderness, trigger points of thoracic paravertebral and rhomboid bilaterally with decreased range of motion. The injured worker noted medications help to improve function. A request for authorization was submitted for Norco 10/325mg and Flexeril 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 60: 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 Muscle relaxants.

Decision rationale: Guidelines state that Flexeril is a muscle relaxant that is not recommended for longer than 2-3 weeks. In this case, the patient has far exceeded guideline recommendations and records provided do not contain evidence of significant pain relief or functional improvement. The request for Flexeril 10 mg #60 is not medically appropriate and necessary.

Norco 10/325 mg Qty 90: 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 Opioids Page(s): 74-96.

Decision rationale: Guidelines recommend Norco for moderate to severe pain with ongoing assessment of efficacy, functional improvement, side effects, and signs of aberrant use. In this case, the patient has been on Norco long term without documentation of functional improvement. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines recommend urine screening to assess for aberrant use of opioids. In this case, the request for Norco is not medically appropriate and necessary as discontinuation of Norco is recommended. The request for urine drug testing is not medically appropriate and necessary.