

Case Number:	CM15-0089824		
Date Assigned:	05/14/2015	Date of Injury:	09/06/2002
Decision Date:	06/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67 year old male, who sustained an industrial injury on 9/06/2002. Diagnoses include lumbar radiculopathy, chronic pain and lumbar degenerative disc disease. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), functional restoration program, psychiatric care, physical therapy, pain management evaluation and treatment and lumbar epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 4/24/2015, the injured worker reported 8/10 pain in the back and legs. Physical examination of the lumbar spine revealed abnormal curvature of the spine and tenderness to palpation over the right and left lumbar facets, right and left paravertebral lumbar spasm, right and left thoracolumbar spasm, right and left sacroiliac joint, right and left buttocks and right and left lumbosacral region. The plan of care included medications and authorization was requested for Kadian 20mg, Gabapentin 300mg, Tizanidine 4mg, Effexor ER 75mg, Cyclobenzaprine 7.5mg Norco 10/325mg and Celebrex 200mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids for over 8 years. The Norco was combined with Kadian. The physician mentioned to reduce the use of Norco as tolerated but there was no mention of a weaning program. Pain scores were not routinely documented. Continued use of Norco is not medically necessary.

Celebrex 200 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The Celebrex was added while attempting to reduce Norco. There was no mention of Tylenol or traditional NSAID failure. The Celebrex is not medically necessary.

Cyclobenzaprine 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with multiple opioids. Continued use is not medically necessary.