MAXIMUS Federal Services

Case Number:	CM15-0238344		
Date Assigned:	12/15/2015	Date of Injury:	06/09/2015
Decision Date:	01/21/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/07/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 21 year old female with a date of injury of June 9, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic herniated nucleus pulposus, lumbar herniated nucleus pulposus, and lumbar radiculopathy. Medical records dated September 11, 2015 indicate that the injured worker complained of lower back pain rated at a level of 8 out of 10 radiating to the right lower extremity with tingling. A progress note dated October 23, 2015 documented complaints similar to those reported on September 11, 2015. Per the treating physician (October 23, 2015), the employee had restrictions that included no lifting, pushing or pulling over five pounds, limited kneeling and squatting, limited bending, limited standing to fifteen minutes with a five minute break or change in position, and limited walking or sitting to sixty minutes with a ten minute break or change in position. The physical exam dated September 11, 2015 reveals tenderness to palpation of the thoracic and lumbar spine, decreased range of motion of the thoracic spine, decreased range of motion of the lumbar spine, positive straight leg raise bilaterally, and positive Slump test bilaterally. The progress note dated October 23, 2015 documented a physical examination that showed no changes since the examination performed on September 11, 2015. Treatment has included at least fourteen sessions of physical therapy, lumbar transforaminal epidural steroid injection, and medications (Norco since June of 2015; Flexeril since at least August of 2015; Ibuprofen). The utilization review (November 10, 2015) non-certified a request for Flexeril 10mg #30 and partially certified a request for Norco 5-325mg #34 (original request for #45).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 10/23/15 progress report provided by the treating physician, this patient presents with severe low back pain rated 8/10 radiating with tingling to right lower extremity just above the knee. The treater has asked for Norco 5/325mg #45 on 10/23/15. The patient's diagnosis per request for authorization dated 10/23/15 is lumbar radiculopathy. The patient is s/p 14 sessions of physical therapy which helped increase function and mobility per 10/23/15 report. The patient has tried Tylenol and Aleve with mild and insufficient relief per 10/23/15 report. The patient has not yet trialed chiropractic therapy, acupuncture, injections or surgery since the industrial injury per 9/11/15 report. The patient is currently not working, and last worked on 6/9/15 per 9/11/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for chronic pain Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. The patient has been taking Norco since 6/22/15 and in subsequent reports dated 7/13/15 and 8/10/15. The patient is currently using Norco as of 10/23/15 report. The patient states that her current medication regimen which includes Norco helps decrease her pain by 30% and allows her to increase her walking distance by 10 minutes. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the

efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Based on the 10/23/15 progress report provided by the treating physician, this patient presents with severe low back pain rated 8/10 radiating with tingling to right lower extremity just above the knee. The treater has asked for Flexeril 10mg #30 on 10/23/15. The patient's diagnosis per request for authorization dated 10/23/15 is lumbar radiculopathy. The patient is s/p 14 sessions of physical therapy which helped increase function and mobility per 10/23/15 report. The patient has tried Tylenol and Aleve with mild and insufficient relief per 10/23/15 report. The patient has not yet trialed chiropractic therapy, acupuncture, injections or surgery since the industrial injury per 9/11/15 report. The patient is currently not working, and last worked on 6/9/15 per 9/11/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009 pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The treater does not discuss this request in the reports provided. The patient has been taking Flexeril since 6/22/15, and in subsequent reports dated 7/13/15 and 8/10/15. The patient is currently taking Flexeril as of 10/23/15 report. Per 10/23/15 report, the treater states that the current medication regimen which includes Flexeril reduces the patient's pain by 30% and allows her to increase walking distance by 10 minutes. While Flexeril may benefit the patient, MTUS does not support long-term use of this medication beyond a 2 to 3 week period. In conjunction with prior 4 months of usage, the current request for additional Flexeril #30 is not in accordance with guideline recommendations. Hence, the request is not medically necessary.