

Case Number:	CM15-0239570		
Date Assigned:	12/16/2015	Date of Injury:	02/26/2010
Decision Date:	01/21/2016	UR Denial Date:	12/03/2015
Priority:	Standard	Application Received:	12/08/2015

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 43 year old, female who sustained a work related injury on 2-26-10. A review of the medical records shows she is being treated for low back pain. In the New Patient Consultation dated 9-23-15 and 11-23-15, the injured worker reports low back pain that is not constant but is present 75% of the time. She rates her pain level a 6 out of 10. No physical exam documented. Treatments have included previous lumbar spine surgery in 1998, lumbar epidural steroid injection-no significant pain relief, home exercises and medications. Current medications include Norco, Codeine, Soma, Xanax, and Flexeril. She has been taking the Norco and Flexeril since at least February 2015. There has been no significant decrease in pain level and functional capabilities are not documented. She is retired from work. The treatment plan includes refilling Norco and Flexeril. The Request for Authorization dated 11-24-15 has requests for Cyclobenzaprine and Norco. In the Utilization Review dated 12-3-15, the requested treatments of Cyclobenzaprine 10mg. #120 with 3 refills and Norco 10-325mg. #180 with 3 refills are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #120 w/3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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 several months in combination with opioids without improvement in pain or function. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

Norco 10/325mg #180 w/3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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 Norco for several months without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Future need cannot be predicted. The continued use of Norco with 3 refills is not medically necessary.