

Case Number:	CM14-0116056		
Date Assigned:	08/04/2014	Date of Injury:	03/24/2009
Decision Date:	10/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old female with a 3/24/09 date of injury. The mechanism of injury occurred when she tripped over some wires placed on the floor and fell on her right hip and knee and twisted her back. According to a progress report dated 6/19/14, the patient rated her pain with and without medications as 10 on a scale of 1 to 10. She reported no new problems or side-effects and her activity level has remained the same. The patient is to continue taking Norco for low back pain. With this medication she can function independently and perform activities of daily living while keeping pain at a tolerable level. Because Zanaflex was denied, the provider has prescribed a trial of Flexeril for active muscle spasms that occur at night and after daytime activity. Objective findings: restricted range of motion of lumbar spine; spasm, tenderness, and tight muscle band noted on palpation of paravertebral muscles, lumbar facet loading positive on both sides, unable to fully stand erect, restricted range of motion of left wrist, tenderness to palpation noted over radial side and ulnar side, restricted range of motion of right hip and both knees. Diagnostic impression: post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, knee pain, hip pain, hip bursitis, curvature of spine. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 7/8/14 denied the requests for Flexeril and Norco. Regarding Flexeril, no details of functional improvement with use of muscle relaxants are documented, and pain is 10/10 with or without the use of medication, demonstrating the lack of efficacy. Regarding Norco, details of her current functional status are not documented. Given that the patient reports no reduction in pain symptoms with Norco, it cannot be considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, in this case, it is documented that the patient has been taking muscle relaxants continuously. The provider has prescribed Flexeril because the previous prescription for Zanaflex was denied. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Flexeril 10mg #60 with (1) refill was not medically necessary.

Norco 10/325mg #120 with (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient reported her pain level as 10/10 with and without medications. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #120 with (1) refill was not medically necessary.