

Case Number:	CM14-0121490		
Date Assigned:	08/06/2014	Date of Injury:	02/22/2010
Decision Date:	10/27/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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 Preventive Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 61-year-old male with a 2/22/10 date of injury. At the time (7/22/14) of the Decision for Hydrocodone (Norco) 5/325mg #90 with 2 refills and Flexeril (cyclobenzaprine) 10mg #30, there is documentation of subjective (right lateral calf and foot pain with severe spasms) and objective (tenderness over right lumbosacral area with restricted range of motion) findings, current diagnoses (sciatica, spondylolisthesis, lumbar spinal stenosis, and greater trochanter bursitis), and treatment to date (medications (including ongoing treatment with Lyrica, Norco, and Flexeril since at least 2/27/14)). Medical report identifies that pain is reduced by 50% allowing the patient to work full duty with medications; and that side effects were discussed with the patient. Regarding Hydrocodone, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, and appropriate medication use. Regarding Flexeril, there is no documentation of acute exacerbations of chronic low back pain, and intention to treat over a short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) 5/325mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation MTUS: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sciatica, spondylolisthesis, lumbar spinal stenosis, and greater trochanter bursitis. In addition, there is documentation of ongoing treatment with Hydrocodone. Furthermore, given documentation that identifies that pain is reduced by 50% allowing the patient to work full duty with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Hydrocodone use to date. However, despite documentation that side effects are discussed with the patient, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, and appropriate medication use. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone (Norco) 5/325mg #90 with 2 refills is not medically necessary.

Flexeril (Cyclobenzaprine) 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) MTUS: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of sciatica, spondylolisthesis, lumbar spinal stenosis, and greater trochanter bursitis. In addition, there is documentation of ongoing treatment with Flexeril since and Flexeril used as a second line option. Furthermore, given documentation that identifies that pain is reduced by 50% allowing the

patient to work full duty with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Flexeril use to date. However, despite documentation of severe muscle spasm and given a 2/22/10 date of injury , there is no (clear) documentation of acute muscle spasm or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 2/27/14, there is no documentation of the intention to treat over a short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril (cyclobenzaprine) 10mg #30 is not medically necessary.