

Case Number:	CM14-0135812		
Date Assigned:	08/29/2014	Date of Injury:	03/27/2014
Decision Date:	09/30/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 52 year old male who reported an injury on 03/27/2014 when lifting a carpet machine. The injured worker was diagnosed with lumbosacral sprain/ strain with spasm, right elbow sprain/strain, lumbar intervertebral disc displacement without myelopathy, myalgia/myositis, and subluxation of the sacroiliac joint. The injured worker was treated with chiropractic therapy and medications. The injured worker had an official MRI on 05/07/2014 and official x-rays on 03/31/2013 of the lumbar spine. The progress report dated 07/17/2014 noted the injured worker complained of low back pain rated 7/10 and right lateral forearm pain rated 6/10 noted. The injured worker had tenderness to palpation at L4-5, a positive straight leg raise, intact sensation, and flexion of 25 degrees, on progress. The injured worker was taking ibuprofen and was prescribed norco 5/325mg twice a day, naproxen 550mg twice a day, and flexeril 7.5mg at bedtime noted on evaluation dated 07/10/2014. The treatment plan was for Norco 5/325mg, naproxen 550mg, and flexeril 7.5mg. The rationale for the request was for severe pain, inflammation and pain, and muscle relaxation. The request for authorization was submitted for review on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

Decision rationale: The injured worker complained of low back pain rated 7/10 and right lateral forearm pain rated 6/10. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The injured worker was prescribed naproxen 550mg twice a day on 07/10/2014. There is no evidence of a diagnosis of osteoarthritis. Additionally, the request does not indicate the frequency of the medication. As such, the request for Naproxen 550mg #60 is not medically necessary.

Flexeril 7.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The injured worker complained of low back pain rated 7/10 and right lateral forearm pain rated 6/10. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Flexeril is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker was prescribed flexeril 7.5mg at bedtime on 07/10/2014. There is a lack of documentation of significant spasms upon physical examination. The request for 30 tablets indicates the duration of treatment with this medication would exceed the recommendation for a course of treatment for 2-3 weeks. Additionally, the request does not indicate the frequency of the medication. As such, the request for Flexeril 7.5mg #30 is not medically necessary.

Norco 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: The injured worker complained of low back pain rated 7/10 and right lateral forearm pain rated 6/10. The California MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The guidelines recommend performing baseline pain and functional assessments. The function assessment should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. There is no evidence that the physician assessed the injured worker's psychological condition. The requesting physician did not provide a complete pain assessment and a complete assessment of the injured worker's function in order to establish a baseline by which to assess improvement with the medication. Also, the request does not indicate the frequency of the medication. As such, the request for Norco 5/325mg #60 is not medically necessary.