

Case Number:	CM14-0138315		
Date Assigned:	09/05/2014	Date of Injury:	04/24/2003
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 46-year-old female who has a reported work related injury on 04/24/03. The mechanism of injury was not documented. According to the most recent clinical documentation submitted for review, dated 08/06/14, the injured worker complained of chronic low back and bilateral leg pain, migraines, neuropathy, depression, and anxiety. She had a stimulator that she used to help manage chronic pain and neuropathy but found degenerative site to be painful. She felt that quality of life and activity level were greatly reduced with reduced/denied medication. Upon physical examination, the injured worker was described as alert and oriented times three, speech clear, sitting in moderate distress, tearful, stressed, and positive for depression. Regarding gait and station, she was described with normal gait and normal swing phase with no antalgic component. The musculoskeletal exam noted lumbar appearance, lumbar scar, axial tenderness, and stiffness with flexion/extension. No pelvic tilt. There was tenderness over right greater trochanter. Straight leg raise was negative. The range of motion of the lower extremities was with lower within normal limits. Strength in bilateral lower extremities was rated 5/5. Reflexes equal and within normal limits bilaterally. Diminished right lateral leg and left lateral calf sensation was noted. The diagnosis was listed as failed back surgery syndrome, spinal cord stimulator. On prior utilization review, dated 08/19/14, requests for MS Contin 30mg #60 and Flexeril 10mg #90 were non-certified. The request for Norco 10/325 #240 was modified. Current request is for MS Contin 30mg #60, Flexeril 10mg #90, and Norco 10/325 #240. No clinical documentation was provided regarding functional improvement or VAS (visual analog scale) scores with and without medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications in this patient. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not indicate an appropriate evaluation has been done to support the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is 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. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management using Flexeril, also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications in this patient. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not indicate an appropriate evaluation has been done to support the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.