

Case Number:	CM14-0138856		
Date Assigned:	09/05/2014	Date of Injury:	12/09/2011
Decision Date:	10/09/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/27/2014

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 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:

This is a 63-year-old female patient who sustained an industrial injury on 12/09/2011. Diagnoses include lumbosacral neuritis, lumbar spinal stenosis, lumbosacral sprain, sprain of neck, sciatica, and postsurgical status. Previous treatment documented includes oral medications, epidural steroid injections, and physical therapy. Requests for Norco 10/325 mg #90, naproxen 500 mg #60 and Flexeril 5 mg #30 with non-certified at utilization review on 07/31/14. The reviewing physician noted Norco had recently been approved on 7/24/14 for #60. It was noted that acetaminophen is a reasonable alternative to NSAIDs and over-the-counter agents may suffice and should be tried first. Muscle relaxants are not recommended for mild-to-moderate chronic persistent pain problems including chronic low back pain other than for acute exacerbations secondary to high prevalence of adverse effects and insufficient evidence of benefit compared to other medications. Most recent progress note included for review is dated 09/02/14 and indicates the patient having a lot more pain for the last week as she ran out of Norco 6 days ago. She has been trying to use this twice daily but sometimes uses it 3 times daily. She tried to use naproxen but found little to no relief with this medication. She also began teaching the previous week as the school year started up again and has been in the process of packing up her home and moving. On physical examination, there was mildly positive tenderness to the lumbar region midline. Range of motion was mildly restricted with pain in extension. Muscle strength was normal in the bilateral lower extremities. Sensation was reported as intact in all lower extremity dermatomes, but diminished in the left L5. Seated straight leg raise was mildly positive for back pain on the left, negative on the right. Straight leg raise in supine position was mildly positive on the left for back pain, negative on the right. Patrick's test was negative bilaterally. Lower extremity reflexes were 3/4 bilaterally at the patellar and gastrocnemius. Gait was normal. MRI of the lumbar spine performed on 03/19/14

demonstrated 6 non-rib bearing lumbar vertebra. There is disc protrusion at the level superior to her fusion, which is labeled L4-5 on the report, making the protrusion at L3-4. This causes spinal canal stenosis. There is anterolisthesis at this level of fusion (L4-5 or L5-L6). There is also disc bulging at the level of fusion causing some encroachment on the left neural foramen. There is severe loss of disc height at L5-S1 (or L6/S1). She was encouraged to decrease her narcotic use, but was provided a refill for Norco 10/325 mg #90 to be used every 12 hours. It was noted this is a 6 week supply. She was previously using ibuprofen and full turn with no benefit. She recently tried naproxen with no benefit. She will be prescribed Mobic for additional pain relief without increasing narcotic use. she was prescribed Flexeril 5 mg at night #30 to be used at night only when she has increased spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM, (web-based edition), revised Chronic Pain Section, Opiates

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief provided, such as VAS scores with and without medication, and no indication of significant functional benefit as a result of opioid use. Urine drug screen date and results are not provided indicating appropriate medication monitoring and screening for aberrant behavior as required by guidelines. The patient appears to be taking Norco more frequently than prescribed. At the time of this original request, the patient had received certification for Norco on 7/24/14 for #60 (7 days prior to this request). Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Frequency of dosing is not documented in the current request. Norco 10/325mg #90 is not medically necessary.

Naproxen 500 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM, (web-based edition), revised Chronic Pain Section, Oral NSAIDs

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

Decision rationale: The CA MTUS recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The patient has chronic pain from an injury sustained in 2011 and has been prescribed NSAIDs on a long-term basis, which is not recommended by guidelines. There is no documented pain relief or functional benefit as a result of Naproxen. On 9/02/14 it was noted the patient reported no benefit from Naproxen. Records do not describe failure of over-the-counter formulations. The current request does not specify dosing frequency. The request for naproxen 500 mg #60 is not medically necessary.

Flexeril 5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM, (web-based edition), revised Chronic Pain Section, Muscle Relaxants

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

Decision rationale: The CA MTUS indicates that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no significant pain relief or functional benefit noted with use of muscle relaxants. As there is no indication this patient is currently experiencing an acute flareup of symptoms, and date of injury is noted to be in 2011, ongoing chronic muscle relaxant use is not supported by guideline criteria. The current request does not specify dosing frequency. The requested Flexeril 5mg #30 is not medically necessary.