

Case Number:	CM14-0145970		
Date Assigned:	09/12/2014	Date of Injury:	11/02/2013
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 and Rehabilitation, Pain Medicine and is licensed to practice in Oklahoma. 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 56-year-old male who reported an injury on 11/02/2013. The mechanism of injury was a slip and fall. Diagnoses included multilevel spinal stenosis with left motor and left sensory deficiency. Past treatments included physical therapy, chiropractic treatments, and medication. Diagnostic testing included an MRI of the lumbar spine on 07/21/2014, which revealed multiple disc bulges compressing the right S1, left L4, and left L5 nerve roots. Surgical history was not provided. The clinical note dated 08/13/2014 indicated the injured worker complained of low back and tailbone pain. Physical exam revealed decreased range of motion in the lumbar spine, decreased motor strength in the right lower extremity, decreased sensation in the left lateral calf and the top of the left foot, and decreased deep tendon reflexes to the bilateral lower extremities. Current medications included Relafen 750 mg, Norco 5/325 mg, and Flexeril 10 mg. The treatment plan included Norco 5/325 mg #30 and Flexeril 10 mg #30. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS guidelines; in regards to Opiates, Long term useCA MTU.

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

Decision rationale: The request for Norco 5/325 mg #30 is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical note dated 08/13/2014 indicated the injured worker complained of low back and tailbone pain. The physical exam revealed decreased range of motion of the lumbar spine, decreased bilateral lower extremity deep tendon reflexes, decreased motor strength in the right lower extremity, and decreased sensation in the left lateral calf and the top of the left foot. It is unclear how long the injured worker had been taking the requested medication. There is a lack of clinical documentation to indicate quantified pain relief, functional improvement, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors through the use of urine drug screens. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the request for Norco 5/325 mg #30 is not medically necessary.

Flexeril 10mg Qty #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain; regarding Flexeril (cyclobenzaprine)CA M.

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

Decision rationale: The request for Flexeril 10 mg #30 is not medically necessary. The California MTUS Guidelines indicate that Flexeril is recommended as an option using a short course of therapy for injured workers with back pain. The injured worker complained of low back and tailbone pain. Physical exam revealed decreased range of motion of the lumbar spine, decreased bilateral lower extremity deep tendon reflexes, decreased motor strength in the right lower extremity, and decreased sensation in the left lateral calf and the top of the left foot. The injured worker had been taking the requested medication since at least 07/25/2014. There is a lack of clinical documentation to indicate quantified pain relief and functional improvement while taking the medication. Nonetheless, the guidelines only recommend Flexeril for a short course of therapy. Additionally, the request does not specify the frequency for taking the medication. Therefore, the request of Flexeril 10 mg #30 is not medically necessary.