

Case Number:	CM14-0146946		
Date Assigned:	09/15/2014	Date of Injury:	01/01/1980
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family 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:

The injured worker is a 69 year old male who was injured on 01/01/80 sustaining lumbar pain. The mechanism of injury is not documented in the clinical notes submitted for review. Current diagnoses include lumbar spondylosis, without myelopathy, lumbar discogenic spine pain, lumbar facet arthropathy, chronic back pain, failed back surgery syndrome, and lumbar back pain. The clinical note dated 07/29/14, indicated the injured worker complains of intermittent low back pain and spasm. The injured worker reported that in the past month, the pain has increased, with spasms in the legs while sleeping. His current pain rating was 5/10 on good days and 8/10 on bad days. Pain is aggravated by lying down and standing, and alleviated by lying down and intake of medications. Examination of the lumbosacral spine revealed increased pain with extension. Straight leg raise test was positive on seated position, and there was bilateral lumbar spasm noted. Sensation to light touch is decreased in the right lower extremity. Urine drug screen report on 07/02/14 was appropriate for the prescribed medications. The clinical note dated 08/26/14, indicated the injured worker complains of low back pain and spasm. His current pain rating is 6/10 on a good day and 8/10 on a bad day. Physical examination remained unchanged from the previous visit. Urine toxicology screen was ordered. The injured worker was advised regarding the benefits of the medication, side effects, sedation, dependence, tolerance, and addiction. Current medications include Norco 7.5/325mg tab and Cyclobenzaprine Hydrochloride 10mg tab. The previous request for Norco 7.5/325mg tab #120 was certified with modification to #30 tablets and the request for Cyclobenzaprine Hydrochloride 10mg #30 was non-certified on 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting 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. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. There are no documented Visual Analog Scale (VAS) pain scores for this patient with or without medications. As the clinical documentation provided for review, does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication Norco 7.5-325mg #120 is not medically necessary.

Cyclobenzaprine HCL 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines (Cyclobenzaprine) Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4 week treatment window. As such, the request for this medication for cyclobenzaprine HCL 10mg #30 is not medically necessary.