

Case Number:	CM14-0147051		
Date Assigned:	09/15/2014	Date of Injury:	04/28/2008
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 50 years old male with an injury date on 04/28/2008. Based on the 07/30/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbago2. Radiculitis, lumbar, thoracic3. Postlaminect synd-lumbar4. Encntr long-Rx use NECAccording to this report, the injured worker complains of back pain, right leg, and hip and calf pain. The pain is described as constant, burning, and aching. Reclining and medications help lessen the pain. Standing, bending, and prolonged sitting would aggravate the pain. The injured worker can perform some house or yard works (limited) and can perform self-care. The injured worker is currently not working but works as a maintenance man for [REDACTED]. The 06/04/2014 report indicates the injured worker's pain is at a 9/10. There were no other significant findings noted on this report. The utilization review denied the request on 07/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/05/2014 to 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Tablet 1 PO Q8H 30 DAYS #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Cyclobenzaprine (Flexeril, Amrix, Fexmid, Generic Available) Pag.

Decision rationale: According to the 07/30/2014 report, this injured worker presents with back pain, right leg, and hip and calf pain. The treating physician is requesting Flexeril 10mg tablet 1PO Q8H 30 days, #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treating physician is requesting Flexeril #90; Flexeril is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, the request for Flexeril 10mg Tablet 1 PO Q8H 30 DAYS #90 is not medically necessary.

Ativan 1mg Tablet 1 PO Q8H 30 days #90: Upheld

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

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

Decision rationale: According to the 07/30/2014 report, this injured worker presents with back pain, right leg, and hip and calf pain. The treating physician is requesting Ativan 1mg tablet 1PO Q8H 30days, #90. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. In this case, the request is for Ativan #90, but the treating physician does not mention why this medication is being prescribed. There is no discussion in the reports regarding this medication. The treating physician does not mention that this is for a short-term use. Therefore, the request for Ativan 1mg Tablet 1 PO Q8H 30 days #90 is not medically necessary.

Norco 10/325mg Tablet 1 PO Q4H PRN 30 days #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for Use Of Opioids ,Opioids for Chronic Pain Page(s): 60,.

Decision rationale: According to the 07/30/2014 report by [REDACTED] this injured worker presents with back pain, right leg, and hip and calf pain. The treating physician is requesting Norco 10/325 mg tablet 1PO Q4H PRN 30 days, #90. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be

measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was first mentioned in the 06/04/2014 report; it is unknown exactly when the injured worker initially started taking this medication. However, the injured worker was noted to be on Vicodin since 02/15/2014. In this case, the report shows the injured worker work as a maintenance man. Although the treating physician does not provide all the required documentation, given the injured worker's level of function and how medication has been helpful, the request for Norco 10/325mg Tablet 1 PO Q4H PRN 30 days #90 is medically necessary.