

Case Number:	CM14-0149529		
Date Assigned:	09/18/2014	Date of Injury:	12/05/2013
Decision Date:	11/03/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Clinical informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on December 5, 2013. According to orthopedic visit note on July 28, 2014, this worker was having severe neck and severe low back pain. It was reported that she had an 8mm disc displacement with severe spinal stenosis in the lumbar spine area at L5-S1 and severe cervical spinal stenosis at C5-6 with a 4 mm disc protrusion with osteophytic complex causing foraminal stenosis and a severe central canal stenosis measuring 6 mm. Surgery of both the cervical and lumbar spine was recommended. Objective exam findings included muscle spasm of the trapezius, levator scapula and rhomboideus major and minor, lumbar paravertebral spasm and tenderness and tenderness over the L4-5 and S1-2 spinous processes. Gait was antalgic. The diagnosis was cervical spinal stenosis with myelomalacia and lumbosacral spinal stenosis with lumbar radiculopathy. Norco 10 mg once every 6 hours when necessary and Flexeril 10 mg 1 daily at bedtime when necessary was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-84.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. There is insufficient documentation in this case to declare medical necessity. Therefore, the request for Norco 10/325mg #60 is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 and 64.

Decision rationale: Flexeril is an anti-spasmodic used to decrease muscle spasm although antispasmodics are often used to treat pain even in the absence of spasm. Flexeril is not recommended for use longer than 2-3 weeks with a dose up to 10 mg 3 times a day. The prescribed quantity in this case exceeds the total needed for recommended use; therefore, the request for Flexeril 10mg #90 is not medically necessary.