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| Case Number: | CM14-0163729 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 04/27/2012 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 Occupational 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:

According to the provided documents, this is a 61-year-old woman who was injured on 3/twice 7/12. The mechanism of injury is not noted in the documents. Per the PR-2 of 7/9/14 (treating physician's progress report), there are complaints relating to the low back, the left knee and the neck. Subjectively there is lower back pain with radicular symptoms into the bilateral legs. There are complaints of increasing pain in the neck which the patient thinks her coming from her back. Exam includes a range of motion of the back, positive straight leg raises bilaterally, tightness and spasm in the lumbar paraspinal musculature. Range of motion is noted and there is a foraminal compression test is positive. Diagnosis is multiple lumbar disc protrusions with radiculitis/radiculopathy and right knee internal derangement. Patient was prescribed Norco 10/325 #121 every 4-6, Ultram 150 mg #60, Anaprox 500 fill 50 mg #90, Prilosec 20 mg #60 and Flexeril 7.5 mg #90 one 3 times a day for muscle spasms. There was a 4/11/14 PR-2 which also prescribed Norco 10/325 mg #120, 1 every 4-6 hours for severe pain. The lower back and right knee were discussed in that report and MRI of lumbar spine and MRI arthrogram of the right knee were requested. The disputed treatments are the Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2
Page(s): 74-75,78-79.

Decision rationale: Norco is one brand name for hydrocodone, an opiate combined with acetaminophen, an analgesic. It comes in a variety of doses. Hydrocodone is a short acting opioid analgesic. Use of this medication has apparently been for at least 3 months. Ongoing management of opiates per MTUS guidelines should include the lowest possible dose to improve pain and function. The reports do not mention the actual daily frequency of use of the medication. There should be ongoing monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no documentation of these factors. MTUS guidelines also state that opiates should be discontinued when there is no overall improvement in function which is also not documented in the reports. Thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically necessary.

Flexeril 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2
Page(s): 63-64.

Decision rationale: Flexeril is a sedating muscle relaxant also known as cyclobenzaprine. MTUS guidelines specifically only recommend this medication for a short course of therapy. Guidelines state that evidence does not allow for a recommendation for chronic use. The greatest effect is said to be within the 1st 4 days of treatment. Use longer than 2-3 weeks is not supported. The prescription was for 7.5 mg #90, 1 tablet 3 times a day which is enough for an entire month. The report does not include any justification for that length of use. Thus, based upon the evidence and the guidelines, this is not medically necessary.