

Case Number:	CM14-0185577		
Date Assigned:	11/13/2014	Date of Injury:	04/13/2004
Decision Date:	12/16/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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:

There were 58 pages provided for this review. There was a history and physical from October 7, 2014. Per the records provided, the patient is a 57-year-old female who worked previously as a radiology technician. She injured her low back while at work. Thereafter, she began having low back pain which extended across the lower lumbar spine radiating down the lateral portion of the right lower extremity to the right knee, and occasionally down the posterior aspect of the right leg. She has undergone three prior lumbar surgeries. There was a discectomy at L4-L5. She also had a fusion at L5-S1 and then a fusion at L4 L5. She also complains of bilateral shoulder pain. She had surgery in both shoulders. The back pain is constant. She has difficulty sleeping at night due to pain. There was an application for independent medical review to address the Norco and Flexeril dated October 29, 2014. She takes Norco and Flexeril long term. It is noted that an epidural provided minimal relief, a TENS unit some relief, and chiropractic therapy did not help. Massage therapy provided some relief. There was reduced range of motion and tenderness and there was weakness in the legs. Reflexes were reduced in the right arm and right leg. The medicines were refilled. There was however no documentation of pain reduction, functional improvement, side effects, or aberrant behavior with the use of the medicines. As such the Norco was certified for one month to allow for documentation of the missing criteria noted above or alternatively to allow tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary and appropriate.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.