

Case Number:	CM14-0094345		
Date Assigned:	09/12/2014	Date of Injury:	06/13/2012
Decision Date:	10/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 and is licensed to practice in Texas. 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 29 year old female who had a work related injury on 06/13/12. The mechanism of injury has not been documented. The most recent medical record submitted for review is dated 06/23/14. The injured worker states that the pain has been about the same. Her pain is 5/10 with medication and 8/10 without medication. She attempted to transition off Norco to Tramadol but her psychiatrist has recommended she not take Tramadol. She is weaning from Norco. She has isolated low back pain at this time. She is doing very well in physical therapy. She has an epidural steroid injection x 2 without relief. She continues to have muscle spasms in the mid-back which are alleviated with the medication. The pain and spasms are in the L5 region. She has been taking medications which help. She has not had any recent physical therapy. She has not returned to work as there is no modified duty available. She is going to school for medical billing and coding. Physical examination, normal reflexes, sensory and power testing to bilateral upper and lower extremities is normal except for mild weakness and numbness on the left at S1. Straight leg raising and bow string are positive on the left. Normal gait. Can heel and toe walk but difficult to toe heel walk on the left. Positive lumbar tenderness. Muscle spasms noted in the paraspinal musculature, lumbar spine range of motion decreased about 20%. Femoral stretch test was negative bilaterally. MRI of the lumbar spine dated 08/24/12 revealed disc space narrowing with a disc bulge at L5-S1. X-rays of the lumbar spine dated 03/17/14 revealed disc space narrowing at L5-S1. MRI of the lumbar spine dated 05/06/14 revealed lumbosacral degenerative disc disease with an L5-S1 disc bulge and high intensity zone. Prior utilization review on 05/20/14 was non-certified. Current request is for Norflex 100mg #60. Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex (Orphenadrine) 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain), Page(s): 63.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Norco (Hydrocodone/Acetaminophen) 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

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. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. 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 cannot be established at this time.