

Case Number:	CM14-0094399		
Date Assigned:	07/25/2014	Date of Injury:	12/30/2013
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 & Rehabilitation, Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 35-year-old female with a reported date of injury of on 12/30/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses are noted to include low back pain and myofascial pain. Her previous treatments were noted to include medications, H wave unit and chiropractic care. The progress note dated 06/24/2014 revealed the injured worker complained of low back pain with radiation into the right lateral leg. The injured worker revealed she was doing well on the Norco and overall the pain was the same as the last appointment. The injured worker denied side effects and described her pain as pressure in her back with burning, numbness and tingling to the right lateral leg. The injured worker rated her pain as 8/10 without medications and 5/10 with medications. The injured worker indicated with medications she was able to perform activities of daily living, housework and care for her 8-year-old son. The physical examination revealed no evidence of over medication or sedation. The injured worker was rated 5/5 for bilateral lower extremity strength. Her deep tendon reflexes were 2 , equal bilaterally, and sensation was decreased in the right lateral leg. The injured worker was revealed to have a limited range of motion to the lumbar spine and tenderness was noted to the lower lumbar spine and paraspinal muscles at L4-5. The straight leg raise test was negative. The Request for Authorization form was not submitted within the medical records. The request was for Norco 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 #60 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state the 4 A's of ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker rated her pain 8/10 without medications and 5/10 with medications. The injured worker indicated she was able to do her activities of daily living, such as housework and care for her 8-year-old son with medication. There were no adverse effects reported. The injured worker's urine drug screen was performed 06/04/2014 and was consistent with therapy. The injured worker did meet the 4 A's for ongoing opioid therapy. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Flexeril 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Flexeril 7.5 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The injured worker has been utilizing the medication for at least 5 months and the guidelines recommend short term utilization. There is a lack of documentation regarding efficacy of this medication and the clinical findings were not consistent with muscle spasms to warrant Flexeril. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

