

Case Number:	CM14-0156947		
Date Assigned:	10/02/2014	Date of Injury:	10/20/2009
Decision Date:	02/17/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Practice and is licensed to practice in Ohio. 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 59-year-old female the date of injury of October 20, 2009. She had a lumbar fusion from L4-L5 on October 21, 2013. Postoperatively progress notes indicate that the injured worker has been doing well with diminished pain. She developed sciatica on the left side from a new disc herniation above the fusion level. She was taking Percocet postoperatively and this had been changed to Norco. Her pain levels were 5-10/10 without medication and 3/10 with medication. She had been authorized for a lumbar epidural steroid injection but as she was improving that procedure was delayed. The physical exam reveals good strength and sensation in the lower extremities as of September 10, 2014. The diagnoses are lumbago and lumbosacral radiculitis. She was prescribed a refill of Norco 10/325 mg #120 and Flexeril 7.5 mg #60 to be taken up to three times daily for muscle relaxation. Medications were modified by utilization review citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patients prescribed opioids chronically should have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or injured worker has regained employment. In this instance, pain levels are indeed reduced with the medication and functionality has increased as evidenced by the release back to work. The record does not reflect a urine drug screen with the last eight months however those at low risk for aberrant drug taking behavior require infrequent urine drug screening. It is possible that the most recent urine drug screen falls just outside timeframe of the records submitted. There is no reason to believe that the injured worker is in any category except for a low-risk category and consequently therefore require urine drug testing once yearly. Hence, Norco 10/325 mg #120 is medically appropriate and necessary.

Cyclobenzaprine 7.6mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flexeril.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief and generally limited to 2-3 weeks. In this instance, it does not appear that the Flexeril is being used chronically and instead it appears to be used episodically. The referenced guidelines do not say the Flexeril must be used when spasm is present, merely that back pain should be present. The quantity of Flexeril requested and the directions given do provide enough medication for three weeks. Therefore, Flexeril 7.5 mg #60 is medically necessary and appropriate.