

Case Number:	CM14-0211559		
Date Assigned:	12/24/2014	Date of Injury:	01/24/2011
Decision Date:	02/20/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 55-year-old female who reported an injury on 01/24/2011. The mechanism of injury was not provided. Her diagnoses include degenerative lumbar disc, lumbalgia, sciatica, bursitis, and joint pain at the pelvis and hip. Past treatments were noted to include medications. A urine drug screen was performed on 06/19/2014, which was noted to reveal consistent results. On 11/19/2014, it was noted the injured worker reported right leg muscle fasciculations, mostly at night time while in bed. She reported 5/10 to 6/10 pain affecting her daily activities and ability to sleep. There were no quantitative objective findings regarding physical examination findings. Relevant medications were noted to include Norco, Lidoderm patch, and Lidoderm cream. The treatment plan was noted to include water based physical therapy. A request was received for Norco 7.5 mg #90 (no refills) and Flexeril 10 mg #90 (refills: 3) without a rationale. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg #90 (no refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 7.5mg #90 (no refills) is not medically necessary. According to the California MTUS Guidelines, the ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review indicated the injured worker was compliant with the medication regimen; however, it was not indicated how this medication improved her pain and ability to perform her ADLs. Additionally, the request does not specify duration and frequency of use. Consequently, the request is not supported by the evidence based guidelines. As such, the request for Norco 7.5mg #90 (no refills) is not medically necessary.

Flexeril 10mg #90 (refills:3): 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 Muscle relaxants (for pain) Page(s): 64.

Decision rationale: The request for Flexeril 10mg #90 (refills:3) is not medically necessary. According to the California MTUS Guidelines, Flexeril is not to be used for more than 3 weeks. The clinical documentation submitted for review did not indicate the rationale for the use of this medication, nor its efficacy or duration of use. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify the duration and frequency of use. As such, the request for Flexeril 10mg #90 (refills:3) is not medically necessary.