

Case Number:	CM14-0211799		
Date Assigned:	12/24/2014	Date of Injury:	01/08/2010
Decision Date:	02/17/2015	UR Denial Date:	12/12/2014
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. 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 56-year-old female with a date of injury of January 8, 2000 and the mechanism of injury is not provided. She complains of significant low back pain radiating to the left lower extremity associated with numbness and weakness. In 2012, she had a laminectomy/discectomy at L5-S1. She has had a number of lumbar epidural steroid injections since then which have been largely ineffective. The physical exam shows an antalgic gait, a positive straight leg raise test on the left, diminished sensation to the left S1 dermatome, and tenderness to palpation of the lumbar region and left sciatic notch. Pain levels are reduced from a 10/10 to a 5/10 with medication. Functionally, she can dress herself while on medication but can do little beyond that. Without medication, she is in bed. The note from November 18, 2014 states that the injured worker is taking Norco 10/325 mg to 1.5 tablets every four hours, #150, Flexeril 10 mg three times daily, and tramadol 50 mg one or two tablets three times daily, #180. The diagnoses include failed back syndrome, post laminectomy syndrome, degeneration of lumbar intervertebral disc, and lumbar facet joint pain. At issue is a request for Flexeril 10 mg, Norco 10/325 mg, and tramadol 50 mg #90, with all medications being retroactive to date of service November 18, 2014. The tramadol and Norco were not certified because of the lack of monitoring for aberrant drug taking behavior and a lack of rationale provided for the use of two short-acting opioids. Flexeril was not certified because of the chronicity of its usage per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Flexeril 10mg (DOS: 11.18.14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Cyclobenzaprine

Decision rationale: According to the Official Disability Guidelines, Cyclobenzaprine (Flexeril) is a centrally acting skeletal muscle relaxant. It is indicated for low back pain for short periods of time not to exceed 2-3 weeks. In this instance, the Flexeril has been in continuous use for several months, if not longer. Hence, the retrospective request for Flexeril 10 mg (quantity unspecified) is not medically appropriate or necessary.

Retrospective: Tramadol 50mg #90 (DOS: 11.18.14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Definitions Page(s): 74-96; 1.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, patients prescribed opioids chronically should have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Monitoring for aberrant drug taking behavior typically takes the form of urine drug testing with the frequency being determined by level of risk for such behavior and surveillance of pharmacy databases such as CURES. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, the submitted medical record does not show evidence of surveillance of pharmacy databases or urine drug testing. Additionally, there appears to be virtually no functional improvement as a consequence of the medication regimen. In fact, a medical report from the agreed medical examiner from July 17, 2014 quotes the injured worker when she said she was no better since her last examination over a year previous to the date of exam. Consequently, the retrospective request for Tramadol 50 mg #90 is not medically necessary.

Retrospective: Norco 10/325mg (DOS: 11.18.14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Definitions Page(s): 74-96; 1.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, patients prescribed opioids chronically should have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Monitoring for aberrant drug taking behavior typically takes the form of urine drug testing with the frequency being determined by level of risk for such behavior and surveillance of pharmacy databases such as CURES. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, the submitted medical record does not show evidence of surveillance of pharmacy databases or urine drug testing. Additionally, there appears to be virtually no functional improvement as a consequence of the medication regimen. In fact, a medical report from the agreed medical examiner from July 17, 2014 quotes the injured worker when she said she was no better since her last examination over a year previous to the date of exam. The Norco requested does not have a quantity specified. Hence, the retrospective request for Norco 10/325 (quantity unspecified) is not medically necessary in accordance with the guidelines referenced.