

Case Number:	CM14-0214642		
Date Assigned:	01/07/2015	Date of Injury:	07/24/2003
Decision Date:	03/04/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60 year-old male with an original date of injury on July 24, 2003. The mechanism of injury is not provided. The industrially related diagnoses are congenital spondylolisthesis and degenerative lumbar intervertebral discs. The disputed issues are the requests for Norco 10-325 mg quantity 90 tablets, and Flexeril 10 mg quantity of 60 tablets. A utilization review on December 18, 2014 has modified these requests to snorkel 10-325 mg to 45 tablets for weaning purposes, and Flexeril 10 mg to 30 tablets for weaning purposes. The rationale for modification of Norco is there is no documentation of objective pain relief with the usage of Norco nor does it state there is any functional improvement with the usage of this medication. In addition, there is no documentation regarding whether the patient is experiencing any side effects or comments regarding potential aberrant behaviors. For these multiple reasons, the request for Norco is not medically necessary. As this medication should not be stopped abruptly, 45 tablets for weaning purposes is recommended. Regarding Flexeril, the utilization review states danger employee does not complain of acute exacerbation of lower back pain nor were there any spasm on physical exam. For those reason, Flexeril is not medically necessary. Abrupt cessation is not recommended, therefore, 30 tablets is suggested for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg TID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. A progress note on September 9, 2014 indicates the pain medication including Norco is helping with the patient managing his pain. On the same date, the provider indicated the side effects and dosing instruction of the medication was discussed with patient in detail. Within the submitted documentation, there is no urine drug screen or CURES report to monitor aberrant behaviors. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Flexeril 10mg bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) . Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is identification of a symptomatic benefit as a result of the cyclobenzaprine. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, A progress note on January 8, 2014 indicates the patient was started on Flexeril and had ongoing use until current request. As such, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.