

Case Number:	CM14-0217794		
Date Assigned:	01/07/2015	Date of Injury:	05/21/2005
Decision Date:	03/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/29/2014

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

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 patient is a 57 year-old male with a 5/21/2005 date of injury. According to the 11/10/14 report, the patient has (pain; good days and bad days.) He is in for a refill of medication. The Assessment is L4/5 disc bulge, status post fusion and left leg weakness. There is no discussion of medication efficacy on the 11/10/14 or 12/8/14 medical reports. The 10/29/14 report states the patient has 8/10 pain that goes up to 10/10 after physical therapy, he had 7 sessions and was not able to tolerate any more. The 10/13/14 report states the patient is no longer working. He was prescribed Norco 5/325 q8h, and Parafon Forte qhs. The 9/10/14 report states the patient's surgery was in 2009, and that he currently has 10/10 pain and takes tramadol and Norco as needed. On 11/25/14 utilization review denied: 1: use of hydrocodone 5/325 due to no functional improvement; 2: use of tramadol 50mg due to no functional improvement; 3: use of chlorzoxane because MTUS does not recommend long-term use of muscle relaxants, and the patient has been reported to be using this medication since 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The available records show the patient has low back pain from a 2005 injury and subsequent surgery in 2009. He has been using Norco and Tramadol since 9/10/14 and Parafon Forte since 10/13/14. He is no longer working. PT was reported to make his pain worse. None of the available medical reports from 9/10/14 through 12/8/14 discuss efficacy of medications. MTUS Guidelines pages 88-89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's :analgesia, ADLs, adverse side effects, and adverse behavior, as well as (pain assessment) or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The MTUS criteria for use of opioids, has not been met. The request for hydrocodone 5/325mg #90, IS NOT medically necessary.

1 prescription of Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The available records show the patient has low back pain from a 2005 injury and subsequent surgery in 2009. He has been using Norco and Tramadol since 9/10/14 and Parafon Forte since 10/13/14. He is no longer working. PT was reported to make his pain worse. None of the available medical reports from 9/10/14 through 12/8/14 discuss efficacy of medications. MTUS Guidelines pages 88-89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's :analgesia, ADLs, adverse side effects, and adverse behavior, as well as (pain assessment) or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The MTUS criteria for use of opioids, has not been met. The request for Tramadol 50mg #60, IS NOT medically necessary.

1 prescription of Chlorzoxazone 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Pain Outcomes and Endpoints Page(s): 63-66, 8-9.

Decision rationale: The available records show the patient has low back pain from a 2005 injury and subsequent surgery in 2009. He has been using Norco and Tramadol since 9/10/14 and Parafon Forte since 10/13/14. He is no longer working. PT was reported to make his pain worse. None of the available medical reports from 9/10/14 through 12/8/14 discuss efficacy of medications. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants for pain states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Chlorzoxazone/Parafon Forte MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for Chlorzoxazone 500mg, #60 IS NOT medically necessary.