

Case Number:	CM14-0219237		
Date Assigned:	01/09/2015	Date of Injury:	02/11/2003
Decision Date:	03/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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 injured worker is a 58 year old female sustained an industrial injury reported on 2/11/2003. She has reported low back pain with intermittent pain down the legs, stiffness and spasms. The diagnoses have included discogenic lumbar condition with facet inflammation and radiculitis along the left lower extremity; chronic pain syndrome; and element of depression, sleep and stress. Treatments to date have included consultations; diagnostic laboratory and imaging studies; back brace; nerve conduction studies; hot and cold wraps; transcutaneous electrical nerve stimulator; and medication management. The work status for this injured worker was noted to be back to work full time and on regular duties. On 12/8/2014 Utilization Review non-certified, for medical necessity, the request for Lunesta 2 mg #30 because of long-term use; and modified, for medical necessity, the requests for Norco 10/325mg #120 to #108, and Flexeril 7.5mg #60 to #30 to allow for tapering of these medications. The MTUS chronic pain treatment guidelines and ODG guidelines were cited. Orthopedic evaluation notes, dated 6/24/2014, 7/29/2014, 8/4/2014, 9/4/2014 and 11/20/2014, all note subjective complaints referring to the pain affecting her sleep. Medical documents submitted for my review note a second industrial injury with a date of 6/3/1999 and involve the elbows and wrists.

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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 58 year old patient presents with back pain and intermittent bilateral leg pain along with stiffness and spasms, as per progress report dated 11/20/14. The request is for NORCO TABLETS 10/325 mg #120. The RFA is dated 10/06/14. The date of injury is 02/11/03. The patient has been diagnosed with discogenic lumbar condition and chronic pain syndrome, as per progress report dated 11/20/14. The patient also suffers from depression, stress and sleep issues, secondary to the pain, as per progress report dated 09/04/14. The patient is working full time without restrictions, as per progress report dated 11/20/14. MTUS Guidelines pages 88 and 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 4As (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. In this case, a prescription for Norco is first noted in progress report dated 06/24/14, and the patient has been receiving the medication consistently at least since then. In progress report dated 09/04/14, the treater states that Norco helps reduce the pain from 7/10 to 4-5/10. The patient is working full duty, as per progress report dated 11/20/14, although in progress report dated 10/06/14, the treater states that chores are being minimized. In progress report dated 09/04/14, the treater requests for a UDS screen but no toxicology or CURES reports are available for review. Additionally, the treater does not discuss side effects of the medications. Continued use of Norco requires discussion about the 4 As, including analgesia, ADLs, adverse side effects, and aberrant behavior, as per MTUS. However, given the significant impact of Norco on the patient's pain and ability to work full duty, this request IS medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Chronic Pain Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The 58 year old patient presents with back pain and intermittent bilateral leg pain along with stiffness and spasms, as per progress report dated 11/20/14. The request is for FLEXERIL 7.5 mg # 60. The RFA is dated 10/06/14. The date of injury is 02/11/03. The patient has been diagnosed with discogenic lumbar condition and chronic pain syndrome, as per progress report dated 11/20/14. The patient also suffers from depression, stress and sleep issues, secondary to the pain, as per progress report dated 09/04/14. The patient is working full time without restrictions, as per progress report dated 11/20/14. MTUS pg 63-66 states: "Muscle

relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."In this case, a prescription for Flexeril is first noted in progress report dated 08/04/14, and the patient has been using the medication consistently at least since then. In progress report dated 11/20/14, the treater states that Flexeril is for "muscle spasms." However, the treater does not document any improvement in function or reduction in pain due the medication. Additionally, MTUS only recommends short-term use of muscle relaxants such as Flexeril. Hence, this request for Flexeril # 60 IS NOT medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental/Stress chapter, Eszopicolone (Lunesta)

Decision rationale: The 58 year old patient presents with back pain and intermittent bilateral leg pain along with stiffness and spasms, as per progress report dated 11/20/14. The request is for LUNESTA 2 mg # 30. The RFA is dated 10/06/14. The date of injury is 02/11/03. The patient has been diagnosed with discogenic lumbar condition and chronic pain syndrome, as per progress report dated 11/20/14. The patient also suffers from depression, stress and sleep issues, secondary to the pain, as per progress report dated 09/04/14. The patient is working full time without restrictions, as per progress report dated 11/20/14. ODG guidelines, chapter 'Mental illness and Stress' and topic 'Eszopicolone (Lunesta)', however, states, "Not recommended for long-term use, but recommended for short-term use." "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase."In this case, a prescription for Lunesta is noted in progress 10/06/14 and 11/20/14. As per progress report dated 07/29/14, the patient has used Ambien and Valium for sleep in the past. The patient has been diagnosed with sleep disturbances secondary to pain. In progress report dated 06/24/14, the treater states that chronic pain affects her sleep by waking her up at night resulting in poor sleep pattern. Unfortunately, the guidelines do not support long-term use of this medication. ODG recommends limiting it to 3 weeks of use for chronic conditions. The request IS NOT medically necessary.