

Case Number:	CM15-0011124		
Date Assigned:	01/29/2015	Date of Injury:	07/02/2004
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 48-year-old female who reported an injury on 08/04/2014 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back and left foot. The injured worker's treatment history included extensive physical therapy and medications followed by surgical intervention or plantar fasciitis, epidural steroid injections, and a lumbar fusion at the L4-5 and L5-S1. The injured worker received postsurgical physical therapy, medications, and participated in a Functional Restoration Program. The injured worker's diagnoses included chronic pain syndrome, postlaminectomy syndrome, lumbar spondylosis without myelopathy and degenerative lumbar disc disease. The injured worker was evaluated on 12/02/2014. It was noted that the injured worker's medications included Norco, Lyrica, Flexeril, Dulcolax, and ibuprofen. Objective findings included tenderness to palpation of the lower lumbar spine with limited range of motion in all planes due to pain and decreased sensation to light touch in the bilateral feet. The injured worker's treatment plan included a refill of medications and additional physical therapy. A Request for Authorization form was submitted on 12/18/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 7.5/325 mg #90 with 2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documented functional benefit, an assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. However, the clinical documentation submitted for review does not provide an adequate assessment of pain relief or increased function due to medication usage. Furthermore, the request includes 2 refills. This does not provide for timely re-evaluation and assessment of efficacy. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 7.5/325 mg #90 with 2 refills is not medically necessary or appropriate.

Flexeril 10mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Flexeril 10 mg #45 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants in the management of chronic pain for short durations of treatment not to exceed 2 to 3 weeks. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication for several months. There is no justification to support extending treatment beyond guideline recommendations. Additionally, the clinical documentation does not provide an adequate assessment of pain relief or increased function due to medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 10 mg #45 is not medically necessary or appropriate.