

Case Number:	CM15-0013491		
Date Assigned:	02/02/2015	Date of Injury:	08/12/2013
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 44 year old female sustained an industrial injury on 8/12/13. She subsequently reports chronic back and lower extremity pain. The injured worker underwent spinal surgery on 8/19/14. Prior treatment includes physical therapy and pain medications. The UR decision dated 1/9/15 Norco 10/325MG #90 is Denied by the Physician Advisor, However, a One Month Supply is Approved by the Nurse. Ultram 50MG #60 is Denied by the Physician Advisor, However, a One Month Supply is Approved for Weaning. Flexeril 10MG #90 is Denied by the Physician Advisor, However, a One Month Supply is Approved for Weaning. The above modified decisions were based on CA MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids- On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 78-80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite previous usage of Norco. While the attending provider did recount some reduction in pain scores reported effected as a result of ongoing Norco usage in his October 15, 2014 progress note. The attending provider failed to outline any meaningful or material improvements in function achieved as a result of the same. The applicant's failure to return to work and continued difficulty performing activities of daily living as basic as ambulating did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Ultram 50mg #60: Upheld

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

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

Decision rationale: Similarly, the request for Ultram, another short-acting opioid, was likewise not medically necessary, or medically appropriate, as indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not furnish a compelling rationale for concurrent usage for two separate opioid agents, Norco, and Tramadol. Therefore, the request was not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Finally, the request for Flexeril (Cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Norco and Tramadol. It is further noted that the 90-tablet supply of Flexeril (Cyclobenzaprine) at issue represents treatment well in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.