

Case Number:	CM15-0014489		
Date Assigned:	02/02/2015	Date of Injury:	02/05/2006
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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

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 43-year-old female who reported an injury on 02/05/2006. Her mechanism of injury was not included. Her diagnoses included discogenic lumbar condition with 2 level disc disease and chronic pain syndrome. Her medications included Norco 10/325 mg, Flexeril 7.5 mg, and Remeron 15 mg. The progress report dated 12/17/2014 documented the injured worker had complaint of chronic low back pain, numbness and tingling in all 5 toes intermittently. The injured worker had a previous MRI of the lumbar spine. Her treatments have included back brace, hot and cold wrap, TENS unit, pain medication, work modification. The treatment plan was to request prescription medications for pain and followup with pain medication doctor for possible injection, and request lab work and urine screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CBC and BMP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The request for CBC and BMP is not medically necessary. The California MTUS Guidelines state that package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. There is a lack of documentation regarding rationale for the CBC and BMP. The California MTUS Guidelines indicate these labs may be needed for monitoring purposes during NSAID use. However, the injured worker is not taking NSAIDs at this time. Therefore, without the rationale for this request, the request for a CBC and BMP is not medically necessary.

1 Prescription of Cyclobenzaprine 7.5mg #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 Page(s): 63-66.

Decision rationale: The request for 1 prescription of cyclobenzaprine 7.5mg #60 is not medically necessary. The California MTUS Guidelines state antispasmodics are recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). There is a lack of documentation regarding objective functional improvement with the Flexeril. The guidelines recommend only a short course of therapy with cyclobenzaprine. Therefore, the request for 1 prescription of cyclobenzaprine 7.5mg #60 is not medically necessary.

1 Prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for 1 prescription of Norco 10/325mg #120 is not medically necessary. The California MTUS Guidelines state there are 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of

documentation regarding proper pain assessment, side effects from Norco, objective functional improvement noted related to the use of Norco, lack of urine drug screens, pain contract on file, and review of CURES report. The request does not include dosing information. The request for 1 prescription of Norco 10/325mg #120 is non-certified. This medication is recommended for weaning purposes.