

Case Number:	CM15-0018000		
Date Assigned:	02/05/2015	Date of Injury:	07/09/2013
Decision Date:	04/14/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 28-year-old male who sustained an industrial injury on 07/09/13. He reports neck, mid and lower back pain. Treatments to date include medications, physical therapy, chiropractic treatments, and acupuncture. Diagnoses include bilateral lumbar facet joint pain and arthropathy, chronic neck, thoracic, and low back pain, C3-4, C4-5, C5-6, L4-5, L4-S1, T7-8 disc protrusion, cervical and thoracic facet joint pain and arthropathy. In a progress, noted dated 12/12/14 the treating provider recommends continued medications to include Norco, ibuprofen, and Flexeril, and a bilateral L4-5 and L5-S1 facet joint medial branch block. On 01/02/15, Utilization Review non-certified the Norco, ibuprofen, and Flexeril, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #30 with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Short acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75-78, 88, 91 of 127.

Decision rationale: The California MTUS guidelines recommends ongoing usage of opioid medications to be justified by documentation of objective pain relief and increased ability to perform activities of daily living as well as comments regarding side effects and aberrant behavior. The progress note dated December 12, 2014 indicates that there is 50% pain reduction with the usage of Norco as well as 50% improvement in the ability to perform activities of daily living. There is an up-to-date pain contract any consistent urine drug screening. Additionally, no adverse effects or aberrant behaviors were noted. With this justification to continue its usage, this request for Norco 5/325 mg is medically necessary.

Ibuprofen 800mg #60 with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 22, 67-70 of 127.

Decision rationale: Anti-Inflammatory medications such as ibuprofen are indicated as a first-line treatment for musculoskeletal pain to decrease pain and improve function. The progress note dated December 12, 2014 indicates that there has been decrease pain and increased function with the usage of ibuprofen. As such this request for ibuprofen is medically necessary.

Flexeril 10mg #30 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41 of 127.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "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). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." According to the

progress note dated December 12, 2014, the patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.