

Case Number:	CM15-0019024		
Date Assigned:	02/06/2015	Date of Injury:	10/19/2013
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old male who sustained a work related injury on October 19, 2013, after incurring back injuries while bending over and repetitive lifting. Magnetic Resonance Imaging (MRI) revealed prolapsed lumbosacral discs and degenerative disc disease. Treatment included epidural steroid injections, physical therapy and medication. Diagnoses included lumbar disc degeneration, lumbosacral disc degeneration and lumbar radiculopathy. Currently, in November 2014, the injured worker complained of increased low back pain and leg pain with reduced range of motion and an unsteady gait. Diagnoses included lumbosacral disc protrusion with lateral stenosis, thoracic neuritis and radiculitis. On January 6, 2015, a request for a prescription of Norco 10/325mg#100 and Flexeril 10mg #60 with 3 refills was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old male has complained of low back pain since date of injury 10/19/13. He has been treated with epidural steroid injection, physical therapy and medications to include opioids since at least 08/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Flexeril 10mg #60 refill - 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 50 year old male has complained of low back pain since date of injury 10/19/13. He has been treated with epidural steroid injection, physical therapy and medications to include a trial of flexeril in 03/2014. The current request is for flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.