

Case Number:	CM15-0110367		
Date Assigned:	06/22/2015	Date of Injury:	05/27/1992
Decision Date:	07/20/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 52 year old male who sustained an industrial injury on 05/27/1992. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having low back pain and myofascial pain. Treatment to date has included physical therapy, MRI and surgery. Currently, the injured worker complains of continued back pain, with left leg muscle spasm, burning and leg cramping. On exam, there is palpable hypertonicity of the lumbar area musculature with tenderness. There is point tenderness to palpation at the spinous process of L5 and point tenderness to palpation at the spinous process of L1. According to provider notes of 04/23/2015, a MRI post lumbar laminectomy revealed interval change with severe facet arthropathy, disk protrusion, annular tear at L4-L5 impinging and causing mass effect on the bilateral exiting nerve roots at L5-L5 with ongoing radicular symptoms and neuropathic left leg. Medications included Norco, Parafon Forte, and Omeprazole. He reports 50% reduction in his pain and 50% functional improvement with activities of daily with pain medication. Requests for authorization are made for the following: 1. Norco 10/325mg #60, 2. Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management, When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in May 1992 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 10/10 to 4/10. When seen, there was decreased lumbar spine range of motion with positive left straight leg raising. There was decreased left lower extremity strength, sensation, and an absent ankle reflex. There were lumbar paraspinal muscle spasms. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Muscle relaxants have been prescribed on a long-term basis. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant has a remote history of a work injury occurring in May 1992 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 10/10 to 4/10. When seen, there was decreased lumbar spine range of motion with positive left straight leg raising. There was decreased left lower extremity strength, sensation, and an absent ankle reflex. There were lumbar paraspinal muscle spasms. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Muscle relaxants have been prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, muscle relaxants have been prescribed on a long-term basis and there is no identified acute exacerbation. Flexeril was not medically necessary.