

Case Number:	CM15-0112375		
Date Assigned:	06/18/2015	Date of Injury:	03/12/1990
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old male who sustained an industrial injury on 3/12/90 experiencing onset of pain in his tailbone after an hour of heavy lifting. He was medically evaluated, given pain medication and taken off work for one week. He had an MRI (5/2/90) showing midline disc abnormality. He has physical therapy and chiropractic treatments with little improvement. He currently complains of constant low back pain with a pain level of 8/10. On physical exam of the lumbar spine there was tenderness noted in the right and left lumbar paravertebral regions at L4-5 and L5-S1 and restricted range of motion with pain. He is able to perform activities of daily living with medications. Medications are lithium carbonate, lorazepam, baclofen, Ambien, Norco. He had a urine drug screen 5/8/15 which was consistent with current prescription medications. Diagnoses include degenerative disc disease, lumbar spine; lumbosacral spondylosis without myelopathy. In the progress note dated 5/8/15 the treating provider's plan of care includes requests for Norco 10/325 mg four times per day as needed; cyclobenzaprine 10 mg twice per day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325, #112 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months with increasing pain over time. There was no mention of Tylenol, NSAID or Tricyclic failure. The continued use of Norco is not medically necessary.

Cyclobenzaprine 10mg #56: 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 muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril in combination with Norco for several months as well as the claimant had previously used Baclofen. Continued use is not medically necessary.