

Case Number:	CM15-0119680		
Date Assigned:	07/28/2015	Date of Injury:	08/22/2000
Decision Date:	09/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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: Emergency Medicine

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 59 year old male, who sustained an industrial injury on 08/22/2000. He has reported subsequent neck, bilateral upper extremity, right shoulder and lower extremity pain and was diagnosed with failed back syndrome with multiple spinal surgeries, myoligamentous sprain/strain of the cervical spine with degenerative changes of C3-C7, herniated nucleus pulposus of C3-C7 with upper extremity radiculopathy and right shoulder impingement syndrome. Treatment to date has included medication, physical therapy, epidural injections and surgery. In a progress note dated 05/12/2015, the injured worker complained of constant moderately severe neck pain with radiation to the bilateral upper extremities, constant low back pain and constant right shoulder pain with associated numbness and tingling. The injured worker also complained of abdominal pain, constipation, rectal bleeding and incontinence. Objective findings were notable for slow and guarded gait favoring the right lower extremity, decreased range of motion of the lumbar spine, positive straight leg raise, Braggard's and Bowstrings tests on the right and weakness/sensory deficit in the right lower extremity. A request for authorization of Flexeril 10 mg #120, Norco 10/325 mg, #120 and urine drug test was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #120: Upheld

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

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement or any muscle spasms on exam or complaint. The number of tablets and refills is excessive, inappropriate and not consistent with short term use. Flexeril is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Hydrocodone/Acetaminophen; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has continued severe pain and poor quality of life due to pain. There is some subjective improvement in pain and function but nothing objective was documented. There is no long term plan documented concerning patient's opioid therapy. The lack of objective benefit or plan does not support continued norco prescription. The request is not medically necessary.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Cautionary red flags for patients that may potentially abuse opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS chronic pain guidelines, Urine drug testing is an option to monitor patients for aberrancy or abuse. Patient had an appropriate UDS done on 5/15. Provider has not documented any concerns for patient being at high risk for abuse. Low risk patients do not require constant repeated UDS. Provider has provided no justification for so frequent testing, Urine drug test is not medically necessary.