

Case Number:	CM15-0120315		
Date Assigned:	06/30/2015	Date of Injury:	04/23/1997
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
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 57-year-old male, who sustained an industrial injury on 4/23/1997. The injured worker was diagnosed as having post laminectomy. Treatment to date has included diagnostics, lumbar fusion surgery in 1997, epidural steroid injections, physical therapy, mental health treatment, chiropractic, and medications. MRI of lumbar spine dated 1/24/14 revealed signs of L4-5 and L5-S1 hemilaminectomy, multilevel mild foraminal stenosis and multilevel disc bulges. Documentation provided is very poor. While multiple years of reports were sent, several most recent progress notes show no pain assessment or any medication list. It is unclear what medications is currently taking or if patient is being restarted on medications. Currently, the injured worker complains of low back pain and pain in the right foot. Physical exam noted moderate tenderness in the lumbar paraspinal muscles. Strength and sensation were intact in the lower extremities. His pain was not rated and function was not described. He was prescribed Norco, Cyclobenzaprine, and Naproxen. His work status was permanent and stationary and it was not documented if he was currently working. A progress report (4/25/2013) noted that he previously had benefit from oral Cyclobenzaprine, but found it too sedating. In 6/2013, it was documented that he was weaned off opioids. It was not clear when opioid medications were restarted. Urine toxicology reports were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. There is no documentation of how long the patient has been on this medication or if it is a new prescription. The number of tablets prescribed is not consistent with short term use. Flexeril is not medically necessary.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen/Naprosyn is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is no documentation of how long the patient has been on this medication or if it is a new prescription. Without this information, the safety of this prescription cannot be determined and is therefore not medically necessary. Naproxen is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Norco is acetaminophen with hydrocodone, an opioid. As per MTUS chronic pain guidelines, initiation of opioids require establishment of a treatment plan, current pain/pain relief assessment and failure of non-opioid treatment. There is no documentation of how long the patient has been on this medication or if it is a new prescription. Patient was reportedly to previously have been on opioid therapy but was reportedly weaned off opioids in 2013. Without this information, the safety and medical need of this prescription cannot be determined and is therefore not medically necessary. The documentation fails to support Norco as a new or chronic medication.