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| Case Number: | CM15-0121500 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 07/12/2013 |
| Decision Date: | 09/21/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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: New York

Certification(s)/Specialty: Internal 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 31-year-old male, who sustained an industrial injury on July 12, 2013. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having status post microlumbar decompression at the left lumbar 5-sacral 1 level on August 7, 2014, lumbar radiculopathy, and lumbar facet arthropathy. Diagnostic studies to date have included: An MRI was performed on May 13, 2015, which revealed at the lumbar 4-5 disc space desiccation with normal stature and central disc protrusion by approximately 3 mm ventral narrowing of the thecal sac, significant narrowing of the right lateral recess and moderate narrowing of the left lateral recess. At the lumbar 5-sacral 1 disc space there was desiccation with slight loss stature and central disc protrusion by approximately 3 mm ventral narrowing of the thecal sac, moderate narrowing of the right lateral recess and mild narrowing of the left lateral recess and hypertrophic facet disease changes bilaterally. Treatment to date has included 20 visits of postoperative physical therapy, a home exercise program, a lumbar corset, and medications including opioid analgesic, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. His work status is described as temporarily partially disabled. He has activity modifications including limited sitting, standing, and walking to 90 minutes with 5 minute break or change in position. Limited kneeling, squatting, stooping, and bent to rare. Limited lift, push, and pull to 10 pounds. He last worked in July 2014. On May 19, 2015, the injured worker complains of continued low back pain. He continues to have severe back pain at times, but reports overall improvement improved with

time. He reports increased back pain and right ankle pain after his right leg gave out and he fell onto the right side of his body on the ground. His pain level is rated: current = 5/10 and pain range = 4-9/10. He reports improvement of the radiating pain and numbness down the left leg to calf and resolved left leg give way since surgery. He continues his home exercise program and wears a lumbar corset at times. His current medications include Norco, Advil, and Cyclobenzaprine, which help decrease his pain by 50% and allow him to increase his walking distance by 30 minutes. The physical exam revealed a mildly antalgic gait, an intact surgery site, tenderness to palpation in the lumbar paraspinal regions, pain with lumbar facet loading, and limited lumbar flexion due to increased pain. The lower extremity sensation was intact. There was mild decreased motor strength of the left lower extremity. The treatment plan includes Cyclobenzaprine 7.5MG tablet once a day for severe spasms #30, Norco 7.5/325mg to be taken up to 2 times a day permanent and stationary severe pain #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7. 5mg tab #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines Muscle Relaxants; Cyclobenzaprine Page(s): 63-64.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". The combination of muscle relaxants with non-steroidal anti-inflammatory drugs has shown no additional benefit. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The CMTUS guidelines recommend cyclobenzaprine (Fexmid) for short-term therapy (no longer than 2-3 weeks) to decrease muscle spasms in the lower back. The medical records show that the injured worker has been taking cyclobenzaprine since at least November 2014. In addition, there is a lack of documentation of muscle spasm in the lower back. The request for Cyclobenzaprine 7.5mg tab #30 is not medically necessary per MTUS guidelines.

Norco 7. 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long term usage of opioid therapy is discouraged by the California Medical Treatment Utilization Schedule (CMTUS) guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 7.5/325mg #60 is not medically necessary.