

Case Number:	CM15-0122090		
Date Assigned:	07/06/2015	Date of Injury:	03/30/2015
Decision Date:	09/03/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/25/2015

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: Anesthesiology

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 45 year old, male who sustained a work related injury on 3/30/15. The diagnoses have included closed head injury with loss of consciousness-headaches, memory loss, left tinnitus, cervical spine strain/sprain, thoracic spine strain/sprain, lumbar spine strain/sprain, bilateral leg radicular symptoms and right tennis elbow, contusion. Treatments have included medications, chiropractic treatments, use of back support, moist heat, and TENS unit therapy. In the PR-2 dated 5/18/15, the injured worker complains of neck, cervical spine, pain with right arm radicular pain. He rates this pain level a 7-8/10. He complains of thoracic and lumbar spine pain with bilateral legs radicular pain, numbness, right greater than left. He rates this pain level a 7/10. He complains of right elbow pain. He rates this pain level a 5-6/10. He complains of constant headache, dizziness and tinnitus. He states medications are helpful. There is improved functional changes with decreased pain intensity, frequency and medication intake. No changes since last physical exam on 4/15/15. He is currently not working. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-91.

Decision rationale: Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days)." Long-term use of opioids is not recommended. It is noted that the injured worker has been on Tramadol/Acetaminophen in the recent past. In the notes provided, the pain levels and functional capabilities have not changed. Now on Norco, there are no documented changes in his functional capabilities from visit to visit. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. There is insufficient documentation noted about how much of the medication he is using, how long it takes the medication to start working or how long any pain relief lasts. He is currently not working. Since there is insufficient documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, this request for Norco is not medically necessary.

Naproxen 550mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66, 67-68.

Decision rationale: Per CA MTUS guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) usually prescribed for osteoarthritis or pain. This injured worker has not been diagnosed with osteoarthritis. He has pain in his cervical, thoracic and lumbar spine, and elbow pain. There have been no documented improvements with his functional capabilities or changes in his pain levels from treatments already prescribed and utilized. Therefore, the request treatment of Naproxen is not medically necessary.

Flexeril 10mg #60 with 1 refill: 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 Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63-64.

Decision rationale: Cyclobenzaprine (Flexeril) is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief." Long-term use of Flexeril is not recommended. There is insufficient documentation of the injured worker experiencing muscle spasms. The prescription for Soma was discontinued in favor of this Flexeril request. There is insufficient documentation of a muscle relaxant and the effectiveness in easing his pain or improvements in functional capabilities. The request for Cyclobenzaprine is not medically necessary.