

Case Number:	CM15-0122128		
Date Assigned:	07/06/2015	Date of Injury:	08/19/2012
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/24/2015

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, West Virginia, Pennsylvania
 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 54 year old male who sustained an industrial/work injury on 8/19/12. He reported an initial complaint of low back pain. The injured worker was diagnosed as having chronic pain syndrome, lumbar discogenic disease/radiculitis, and low back pain. Treatment to date includes medication, diagnostics, and epidural steroid injection. Currently, the injured worker complained of low back and spasm and extremity pain rated 8-9/10 without medication and 5-6/10 with medication. Pain was radiating down to the buttock and the posterior lateral thigh as well as some pins and needles in the foot. Per the primary physician's report (PR-2) on 5/28/15, exam notes mildly antalgic gait, tenderness in the paraspinal muscles, L5 through S1, palpable spasm, forward flex to 40 degrees, extend to 20 degrees, 2+ reflexes in the lower extremities, sensation intact, and strength 5/5. The requested treatments include Norco 10/325mg and Flexeril 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-96.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, there is no documented evidence of derived functional benefit. The request for Norco 10/325 mg #90 is not medically appropriate and necessary.

Flexeril 7.5mg Qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant improvement functioning to warrant the use of this medication. The request for Flexeril 7.5 mg #60 is not medically appropriate and necessary.