

Case Number:	CM15-0124149		
Date Assigned:	07/08/2015	Date of Injury:	11/29/2010
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on November 29, 2010. Treatment to date has included medications, TENS unit, trigger point injections and physical therapy. Currently, the injured worker complains of low back pain, which he describes as deep aching pain with radiation of pain to the buttock, groin and right lower extremity. He reports that he has had relief from pain with physical therapy, TENS unit and trigger point injections. The injured worker rates his pain a 5 on a 10-point scale with the use of medications. On physical examination the injured worker has tenderness to palpation over the lumbar paraspinal muscles, groin and midline areas. A straight leg raise test elicits mild pain and tenderness in the groin. His lumbar range of motion is limited and he has normal sensation and strength in the bilateral lower extremities. The diagnoses associated with the request include lumbar disc degeneration, lumbago and low back pain. The treatment plan includes Norco, Flexeril, TENS unit and five myofascial massage treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 60, take 1 tablet by mouth 3 times daily as needed (30 day supply x1 refill for total of 60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with Norco for a prolonged period. Continued use is not medically necessary.

Norco 10/325 mg Qty 90, take 1 tablet by mouth every 4 hrs as needed (30 day supply for total of 90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Tramadol. There was no indication of Tylenol or NSAID failure. Long-term use is not recommended and continued use is not medically necessary.