

Case Number:	CM15-0124730		
Date Assigned:	07/09/2015	Date of Injury:	03/14/2003
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old female, who sustained an industrial injury on 03/14/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar spondylosis, cervical spinal stenosis, lumbar degenerative disc disease, and lumbar facet spondylosis. Treatment and diagnostic studies to date has included chiropractic therapy, medication regimen, physical therapy, status post cervical fusion with revision, status post left shoulder arthroscopy, x-rays, status post radiofrequency rhizotomy, and use of a gym membership. In a progress note dated 06/01/2015 the treating physician reports complaints of increased sciatica that radiate to the bilateral pelvic brim to the lower extremities and complaints of pain to the neck. The injured worker's current medication regimen included Norco and Flexeril. The injured worker's pain level is rated a 5 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested the medications of Norco 10/325mg with a quantity of 180 and Flexeril 10mg with a quantity of 60 noting current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on Norco but there is no evidence of significant objective increase in function therefore the request for continued Norco is not medically necessary.

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Cyclobenzaprine (Flexeril) Page(s): 63 and 41-42 and 64.

Decision rationale: Flexeril 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Flexeril. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended time frame. The request for Flexeril #60 is not medically necessary.