

Case Number:	CM15-0125055		
Date Assigned:	07/09/2015	Date of Injury:	11/17/2006
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male who sustained an industrial injury on 11/17/2006. The injured worker was diagnosed with cervicgia, cervical spondylosis, carpal tunnel syndrome and lumbago. The injured worker is status post L4-5 and L5-S1 anterior fusion, artificial disc in 2012. Treatment to date has included diagnostic testing, surgery, physical therapy, epidural steroid injection, home exercise program and medications. According to the primary treating physician's progress report on June 10, 2015, the injured worker continues to experience chronic low back, neck and right arm pain. The injured worker rates his pain level at 3/10 with medications and 6/10 without medications. Examination demonstrated C5-6 muscle weakness with a mild positive Lhermitte's sign. Sensation was intact. Motor strength of the right gastrocnemius was documented at 4+/5. The injured worker continues to work full time with restrictions. Current medications are listed as Norco, Flexeril, Zolpidem and Ibuprofen. Treatment plan consists of continuing with home exercise program and stretching exercises and the current request for Norco 10/325mg, Ibuprofen and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2006 and continues to be treated for chronic low back, neck, and right arm pain. Medications are referenced as decreasing pain from 6/10 to 3/10. When seen, the claimant was noted to be working full-time. There had been increased pain when trying to discontinue medications and the claimant had become unable to work. There was decreased upper and lower extremity strength and mildly positive Lhermitte sign. Medications were refilled. A continued home exercise program was recommended. Medications include Flexeril being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and allowing the claimant to continue working. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Flexeril 10 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2006 and continues to be treated for chronic low back, neck, and right arm pain. Medications are referenced as decreasing pain from 6/10 to 3/10. When seen, the claimant was noted to be working full-time. There had been increased pain when trying to discontinue medications and the claimant had become unable to work. There was decreased upper and lower extremity strength and mildly positive Lhermitte sign. Medications were refilled. A continued home exercise program was recommended. Medications include Flexeril being prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and is not medically necessary.

Ibuprofen 800 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2006 and continues to be treated for chronic low back, neck, and right arm pain. Medications are referenced as decreasing pain from 6/10 to 3/10. When seen, the claimant was noted to be working full-time. There had been increased pain when trying to discontinue medications and the claimant had become unable to work. There was decreased upper and lower extremity strength and mildly positive Lhermitte sign. Medications were refilled. A continued home exercise program was recommended. Medications include Flexeril being prescribed on a long-term basis. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is less than the guideline recommendation and not likely providing an anti-inflammatory effect. Continued prescribing is not medically necessary.