MAXIMUS Federal Services

Case Number:	CM15-0127459		
Date Assigned:	07/14/2015	Date of Injury:	08/13/2010
Decision Date:	08/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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 59 year old male, who sustained an industrial injury on August 13, 2010. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included epidural steroid injection, activity modification, heat and ice therapy, home exercise program, rest, MRI. Currently, the injured worker complains of low back pain and spasms rated at 4-8 on 10 without medication and 3-7 on 10 with medication. The injured worker is diagnosed with lumbar degenerative disc disease, lumbosacral spondylosis, lumbosacral neuritis or radiculitis, chronic pain syndrome, lumbago and lumbar facet joint pain. The injured work status was not included in the documentation. A note dated March 31, 2015 states the injured worker continues to experience efficacy from his medication regimen and the epidural injection. The note further states the injured worker is able to engage in activities of daily living with his current pain medication regimen. An April 30, 2015 note states the injured worker reports his current level of pain interferes with his ability to function and engage in activities of daily living. He reports that his pain is usually increased after most activities. The note also states the injured worker is engaging in stretching exercises daily, which helps decrease his pain. The following medications, Norco 10-325 mg twice a day #60 (alleviate pain) and Flexeril 10 mg three times a day #90 with 3 refills (alleviate muscle spasms) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg twice a day quantity 60: 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, (2) Opioids, dosing, Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work-related injury in August 2010 and continues to be treated for chronic low back pain. Medications are referenced as decreasing pain from 4-8/10 to 3-7/10. Medications activity restriction and rest allow for improved activities of daily living. When seen, he was decreasing his Norco dose. There was decreased lumbar range of motion with pain and muscle spasms. Norco was decreased from #90 to #60. Flexeril with three refills was prescribed. 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 was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications are providing some degree of decreased pain with facilitation of activities of daily living. The total MED was less than 120 mg per day consistent with guideline recommendations and this medication was being weaned. Prescribing was medically necessary.

Flexeril 10mg three times a day quantity 90 with three refills: 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 (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants, Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in August 2010 and continues to be treated for chronic low back pain. Medications are referenced as decreasing pain from 4-8/10 to 3-7/10. Medications activity restriction and rest allow for improved activities of daily living. When seen, he was decreasing his Norco dose. There was decreased lumbar range of motion with pain and muscle spasms. Norco was decreased from #90 to #60. Flexeril with three refills was prescribed. 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 and refills prescribed are consistent with ongoing long-term use and was not medically necessary.