

Case Number:	CM15-0128771		
Date Assigned:	07/15/2015	Date of Injury:	04/01/2010
Decision Date:	09/08/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female, who sustained an industrial injury on 4/01/2010, twisting her back. The injured worker was diagnosed as having chronic low back pain and lumbar degenerative disc disease, status post surgery. Treatment to date has included diagnostics, chiropractic, lumbar spinal fusion in 2010, physical therapy, and medications. Currently, the injured worker reported no significant changes in condition since last appointment and complained of chronic low back pain with brief episodes of radiation to her left thigh. She also noted some spasms in her low back. Her medications included Norco and Flexeril, noted as necessary to manage pain and spasm and continue working. Pain was rated 3-4/10 with medications and 7/10 without. Flexeril reduced spasm by 30%. Urine screening (5/07/2015) was documented as positive for Hydrocodone. The use of Norco and Flexeril was noted in 3/2014, at which time she was working. Her work status was permanent and stationary. Urine toxicology (3/11/2015) was positive only for Oxycodone. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 4 to 6 hours as needed #300: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Criteria for use of opioids Page(s): 60, 61, 76-78, 80-81, and 88-90.

Decision rationale: The patient presents with chronic low back pain. The request is for Norco 10/325mg every 4 to 6 hours as needed #300. The request for authorization is dated 06/15/15. The patient is status post L5-S1 anterior and posterior fusion with instrumentation, 11/19/10. Physical examination reveals tenderness to palpation in the lumbar spine and at the right lumbar paraspinal region. The patient had recently noted some brief episodes of radiating pain into her left thigh. The patient experiences some sedation with the Flexeril although she denies any dizziness or nausea. She experiences some mild constipation with the Norco. The patient's Norco and Flexeril are necessary to help manage her pain and spasm such that she can adequately function with upright activities of daily living and sleep adequately. She states that she is currently averaging about 6-7 hours of sleep per night with the use of her Norco and Flexeril whereas without the Flexeril she estimates that she would average 4-5 hours of sleep per night. The patient's medications are necessary to facilitate her ability to continue working as a psychological technician. The patient has not noted any development of tolerance to the Flexeril. She states that it seems to reduce her spasm by 30%. The patient notes approximately 50% improvement in her pain with the use of the Norco, which seems to last for several hours after each dosage. She describes her pain as up to 7/10 without her medications, whereas with her medications, her pain is 3-4/10. The patient's ability to tolerate standing or walking activities is approximately two hours with the use of her medications, whereas without her medications her tolerance for such activities is limited to approximately one hour. The patient has signed a pain contract and has not exhibited any aberrant behaviors regarding her medications. The patient had previously benefited from H-wave stimulation during physical therapy. Per progress report dated 06/03/15, the patient is currently working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80 and 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per MTUS page 90, the maximum dose for Hydrocodone, 60mg/day. Per progress report dated 06/03/15, provider's reason for the request is "to help manage her pain and spasm." Patient has been prescribed Norco since at least 03/13/14. MTUS requires appropriate discussion of the 4A's. In this case, the provider does discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is addressed specifically, showing significant pain reduction with the use of Norco. There is documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS on 03/11/15 was provided and there is an opioid contract. Per RFA dated 06/15/15, frequency and quantity is "Take 1 tablet PO Q4-6 hrs PRN. Qt: 150 with 1 refill." Per progress report dated 06/03/15, the

provider's plan is for the patient to "continue with her current medication regimen and return for re-evaluation in two months. " The patient is working and the 4A's have been properly addressed. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Flexeril 10mg at bedtime #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) Page(s): 63-66.

Decision rationale: The patient presents with chronic low back pain. The request is for Flexeril 10mg at bedtime #60. The request for authorization is dated 06/15/15. The patient is status post L5-S1 anterior and posterior fusion with instrumentation, 11/19/10. Physical examination reveals tenderness to palpation in the lumbar spine and at the right lumbar paraspinal region. The patient had recently noted some brief episodes of radiating pain into her left thigh. The patient experiences some sedation with the Flexeril although she denies any dizziness or nausea. She experiences some mild constipation with the Norco. The patient's Norco and Flexeril are necessary to help manage her pain and spasm such that she can adequately function with upright activities of daily living and sleep adequately. She states that she is currently averaging about 6-7 hours of sleep per night with the use of her Norco and Flexeril whereas without the Flexeril she estimates that she would average 4-5 hours of sleep per night. The patient's medications are necessary to facilitate her ability to continue working as a psychological technician. The patient has not noted any development of tolerance to the Flexeril. She states that it seems to reduce her spasm by 30%. The patient notes approximately 50% improvement in her pain with the use of the Norco, which seems to last for several hours after each dosage. She describes her pain as up to 7/10 without her medications, whereas with her medications, her pain is 3-4/10. The patient's ability to tolerate standing or walking activities is approximately two hours with the use of her medications, whereas without her medications her tolerance for such activities is limited to approximately one hour. The patient has signed a pain contract and has not exhibited any aberrant behaviors regarding her medications. The patient had previously benefited from H-wave stimulation during physical therapy. Per progress report dated 06/03/15, the patient is currently working. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. "Per progress report dated 06/03/15, the provider's reason for the request is "to help manage her pain and spasm." The patient has been prescribed Flexeril since at least 03/13/14. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Flexeril #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.

