

Case Number:	CM15-0171925		
Date Assigned:	09/14/2015	Date of Injury:	01/29/2007
Decision Date:	10/19/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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: California

Certification(s)/Specialty: Emergency 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 44 year old male, who sustained an industrial injury on 1-29-07. Medical record indicated the injured worker is undergoing treatment for cervical disc degeneration, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy and lumbar or lumbosacral disc degeneration. Treatment to date has included 6 months of failed physical therapy, spinal cord stimulator implant, oral medications including Gabapentin 600mg, Naprosyn 500mg, Prilosec Dr 20mg, Zanaflex 4 mg, Promolaxin 100mg , Methadone 5mg, Norco 10-325mg, Diclofenac 75mg, Flexeril 10mg, Morphine sulfate IR 15mg and Oxycontin 10mg; and Terocin patch, trigger point injections and activity modifications. Currently on 7-17- 15, the injured worker complains of unchanged chronic lower back, chronic neck and right shoulder pain rated 8 out of 10, aggravated with movement and relieved with rest. He states the pain radiates to bilateral legs with associated sensation changes of bilateral legs. He notes current medications are helping his pain. He is not working. Physical exam on 7-17-15 revealed ambulation with a cane, tenderness to palpation of cervical and lumbar paraspinal musculature with decreased range of motion and positive Spurling's and facet loading. The treatment plan included medial branch nerve blocks and continuation of Diclofenac, Flexeril, Norco and Neurontin. On 8-17-15, utilization review non-certified a request for Flexeril 10mg noting in most low back pain cases they show no benefit beyond NSAIDs (non-steroidal anti- inflammatory drugs) and Norco 10-325mg noting lack of documentation of pain assessment for efficacy of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG Take 1 By Mouth At Bedtime As Needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril is Cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least several months with no documentation of improvement. This was an incomplete request with no total number of tablets requested provided for review. Cyclobenzaprine is not medically necessary.

Norco 10-325 MG Tab Take 1 Every 4-6 Hours As Needed for Pain Max 2 A Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and Hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient is on significant amount of opioids, each being given in a very atypical non-standard schedule for unknown reason. There is still significant pain reported and no improvement in functional status noted. This was an incomplete request with no total number of tablets requested provided for review. Norco is not medically necessary.