

Case Number:	CM15-0172430		
Date Assigned:	09/18/2015	Date of Injury:	07/29/2011
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
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: 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 56 year old male, who sustained an industrial injury on 07-29-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical pain, thoracic compression fracture with ongoing thoracic pain, low back pain, lumbar degenerative disc disease, lumbar radiculopathy, and disorder of the coccyx. Medical records (01-28-2015 to 08-05-2015) indicate ongoing neck, upper back and low back pain with numbness in the bilateral upper and lower extremities. Records also indicate improving quality of life and improvement in function with medications. However, the reported improvement in function has not been progressive. Per the treating physician's progress report (PR), the IW has not returned to work. The PRs, dated 07-08-2015 and 08-05-2015, revealed a slight decrease in the severity of neck and low back pain with the use of medications. PR, dated 07-08-2015. Neck pain was reported to be decreased from 4.5 out of 10 to 4 out of 10 in severity with medications. In addition, low back pain was reported to be decreased from 6.5 out of 10 to 5 out of 10 with the use of medications. Without medications, neck, thoracic and low back pain was all reported to be 9 out of 10 in severity. The IW denied any adverse side effects of medications. The physical exams revealed continued restricted range of motion (ROM) in the cervical spine without change; continued tenderness to the cervical and trapezius musculature and cervical spine; continued tenderness to the thoracic spine and musculature; continued restricted ROM in the lumbar spine without change; continued tenderness at the L4-5 spinous process; continued tenderness and tight muscle bands to the lumbar region bilaterally; and positive facet loading on the left. There also were no significant changes in sensory or motor examinations. Relevant

treatments have included psychological therapy, physical therapy (PT), work restrictions, and pain medications (Norco and Flexeril since at least 12-2014). The treating physician indicates that urine drug screens have been consistent with prescribed medications and denial of medications. The request for authorization (08-12-2015) shows that the following medications were requested: Norco 10-325mg #75 and Flexeril 10mg #60. The original utilization review (08-19-2015) partially approved the request for Norco 10-325 #75 (one month supply only) to allow for weaning; and denied the request for Flexeril 10mg #60 based on chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #75: 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, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates the request for Norco was modified for weaning purposes. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325 MG #75 is not medically necessary and appropriate.

Flexeril 10 MG #60: 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: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2011 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Flexeril 10 MG #60 is not medically necessary and appropriate.