

Case Number:	CM15-0173451		
Date Assigned:	09/15/2015	Date of Injury:	01/31/2014
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/02/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 41 year old female who sustained an industrial injury on 01-31-2014. Diagnoses include bilateral sacroiliac joint dysfunction, cervical sprain with radicular pain (not accepted), and chronic bilateral L5 radiculopathy per Electromyography on 02-24-2015, lumbar spine sprain with radicular symptoms, moderate disc herniation at L5-S1, and right shoulder sprain (not accepted). A physician progress noted dated 07-29-2015 documents continued low back pain with diffuse lumbar tenderness, and restricted and painful lumbar range of motion. She is taking more Norco, which she paid out of pocket, due to not having any other medications. Physician progress note dated from 06-26-2015 documents the injured worker has complaints of continued low back pain with radiation to her bilateral lower extremities more on the left side. She has numbness and tingling in her lower extremities, left worse than right. Her medications significantly help to reduce her pain. Thoracolumbar spine range of motion is limited and left sitting and supine straight leg raise on the left produces leg pain. Lumbar decompression and fusion surgery is recommended. In a physician note dated Documentation reveals the injured worker was on Norco and Flexeril since January 2014. In a physician note dated 02-06-2015 the injured worker has low back pain with radiation to her bilateral lower extremities with numbness and tingling and sleep disruption. Norco was increased to 7.5mg-325mg, in an effort to reduce her Norco intake as the medication can be harmful to the liver. Treatment to date has included diagnostic studies, medications, lumbar support, physical therapy, home exercise program, epidural injections, and chiropractic sessions. A urine drug screen done on 04-17-2015 was consistent with her medications. Electrodiagnostic studies done on 02-24-

2015 of the lower extremities showed chronic bilateral L5 radiculopathy. On 07-29-2015 the RFA is for Tramadol 50mg up to 6 per day as needed #180, Norco 10/325mg 1 tab every 4-6 hours PRN #90 and Flexeril 10mg 1 tab QHS PRN #30. On 08-06-2015 Utilization Review non-certified the requested treatments Tramadol 50mg up to 6 per day as needed #180, Norco 10/325mg 1 tab every 4-6 hours PRN #90 and Flexeril 10mg 1 tab QHS PRN #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab every 4-6 hours PRN #90: 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 for chronic pain.

Decision rationale: The request is for continuance of chronic opioid therapy in a patient with chronic low back pain. The claimant has been taking Norco since January 2014. CA MTUS Guidelines state that chronic opioids are indicated if the patient has documented evidence of pain relief, improved function and has returned to work. In this case there is no evidence of a quantitative pain level identified, no improvement in function and her work status is unknown. Guidelines require documentation of the "4 A's" to insure proper monitoring of chronic opioid therapy and this information is not present in the records submitted. There is also no evidence of a pain contract. Therefore, based on the above findings, the request is not medically necessary or appropriate.

Flexeril 10mg 1 tab QHS PRN #30: 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): Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines state that Flexeril is a muscle relaxant recommended for short course therapy. The greatest benefit for Flexeril is in the first 4 days of usage and no more than 2-3 weeks. Limited, mixed evidence does not allow for recommendation for chronic use. In this case, the medical records indicate that the patient has been prescribed Flexeril since at least January 2014, far exceeding the recommended guidelines for use. In this case, there is no documentation of muscle spasm. There is only documentation of painful range of motion. There is also no evidence of improvement in function with Flexeril. Therefore, based on the above findings the request for Flexeril is not medically necessary or appropriate.

Tramadol 50mg up to 6 per day as needed #180: 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 for chronic pain.

Decision rationale: The CA MTUS states that Tramadol is a synthetic opioid that acts as a central analgesic that is effective in managing neuropathic pain. It is not recommended as a first-line analgesic. MTUS Guidelines state that there should be documentation of the "4 A's" (analgesia, ADLs, adverse side effects and aberrant drug taking behavior). In this case there is a lack of documentation of these recommended monitoring tools. Chronic opioids are recommended in cases where there is quantitative documentation of analgesia, improved functional capacity and the ability to return to work. All of these elements are lacking in this case, therefore the medical necessity of Tramadol is not necessary.