

Case Number:	CM15-0174395		
Date Assigned:	09/16/2015	Date of Injury:	06/22/1984
Decision Date:	10/23/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	09/04/2015

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, Hawaii
 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:

This 68 year old male sustained an industrial injury on 6-22-84. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with spondylosis and disc herniation. Magnetic resonance imaging lumbar spine (12-29-14) showed disc degeneration, disc herniations and bilateral pars defects at L5-S1. Past medical history was significant for hypertension. In a PR-2 dated 7-21-15, the injured worker complained of a recent flare up of back pain, with "constant, severe pain" without radiation to the legs. The injured worker rated his pain at worst 8 out of 10 on the visual analog scale and 3-4 out of 10 at best. The injured worker had been treating his pain with Aleve but reported that it was not sufficient to control his pain. Physical exam was remarkable for lumbar spine without tenderness to palpation, range of motion: flexion 60 degrees, extension 10 degrees and bilateral rotation and lateral bend 20 degrees, positive bilateral straight leg raise and Patrick's test and 5 out of 5 lower extremity strength with intact sensation and deep tendon reflexes. The injured worker had difficulty walking due to pain and used a walker for assistance. The physician noted that the injured worker had been offered lumbar decompression in the past if his symptoms worsened and if he lost weight prior to surgery. The physician recommended lumbar discectomy with fusion at L3- S1. The treatment plan included lumbar x-rays and a prescription for Norco and Flexeril in the interim. On 7-31-15, Utilization Review noncertified a request for Flexeril 10mg #90 and Norco 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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.

Decision rationale: The patient presents with lumbar degenerative disc disease with spondylosis and disc herniation. The patient currently complains of a recent flare up of back pain with "constant and severe pain" without radiation to the legs. The patient had difficulty walking due to pain and used a walker for assistance. The treating physician recommended lumbar discectomy with fusion at L3-S1. The current request is for Norco 10/325mg, quantity 60. In the treating report dated 7/21/15 (17b) the treating physician states, "He is provided a prescription for Norco 10/325 q8hrs prn pain #60 for pain control in the interim." MTUS Guidelines under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, the patient is retired and he has been given the option to have lumbar decompression if his symptoms had worsened and if he had lost weight. The treating physician notes in the report dated 7/21/15 (20b), "The patient has recently lost another 20 lbs. and is currently on a weight management program. The patient has experienced a recent flare-up in his symptoms, reporting sever, constant lower back pain without radiation into the legs. He continues to wish to undergo surgical intervention." He is provided a prescription for Norco and Flexeril for pain control in the interim. In this case, recommendation for initiating a new opioid can be supported as there is a functional assessment to necessitate a start of a new opioid. Additionally, the treating physician clearly documents the patient's recent flare up and worsening of his symptoms. The current request is medically necessary.

Flexeril 10mg #90: Overturned

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: The patient presents with lumbar degenerative disc disease with spondylosis and disc herniation. The patient currently complains of a recent flare up of back pain with "constant and severe pain" without radiation to the legs. The patient had difficulty walking due to pain and used a walker for assistance. The treating physician recommended lumbar discectomy with fusion at L3-S1. The current request is for Flexeril 10mg, quantity 90. In the treating report dated 7/21/15 (17b) the treating physician states, "He is provided a

prescription for Flexeril 10mg q8hrs prn spasm #90 for pain control in the interim." MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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 1, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. In this case, the patient has been given the option to have lumbar decompression if his symptoms had worsened and if he had lost weight. The treating physician notes in the report dated 7/21/15 (20b), "The patient has recently lost another 20 lbs. and is currently on a weight management program. The patient has experienced a recent flare-up in his symptoms, reporting severe, constant lower back pain without radiation into the legs. He continues to wish to undergo surgical intervention. He is provided a prescription for Norco and Flexeril for pain control in the interim." There is no record of the patient previously medicating with Flexeril. The requested medical treatment in this case is consistent with MTUS Guidelines. Therefore, the current request is medically necessary.