MAXIMUS Federal Services

Case Number:	CM15-0175531		
Date Assigned:	09/28/2015	Date of Injury:	06/13/2011
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/07/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 with an industrial injury dated 06-16-2011. Medical record review indicated she was being treated for right ankle sprain and right leg pain. Subjective complaints (07-08-2015) included right leg, right ankle and right foot pain rated as 7.5 out of 8 and "sometimes get to 9." "The patient states that medications do help in relieving the pain." Work status 07-08-2015 is documented as "without any restrictions or limitations." Prior treatment note dated 06-10-2015 and 05-27-2015 documented pain in right leg, right ankle and right foot rated as 7-8 out of 10. Her medications included Fenoprofen, Flexeril, Terocin and Norco. Medical record review indicated the injured worker had been taking Norco at least since 05-27-2015. Flexeril is first mentioned in the 07-08-2015 note. Prior treatments included medications, plantar flexion, dorsiflexion, inversion and eversion exercises. Prior medications included Baclofen and Motrin. Objective findings (07-08-2015) are documented as normal gait pattern with full weight bearing on the lower extremity. Other documented findings included full active range of motion in plantar flexion, dorsiflexion, inversion and eversion and pain in the anterior talofibular and posterior talofibular ligaments. Urine drug screen was done on 08-12-2015 (results unavailable). The treatment request dated 07-08-2015 included Norco 5-325 mg # 30 and Flexeril 7.5 mg # 30. On 08-20-2015 the request for Norco 5-325 mg # 30 and Flexeril 7.5 mg # 30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in June 2011 when she was pushing a cart loaded with sheets of glass and it tipped over, landing on her right leg. She continues to be treated for right leg, ankle, and foot pain. In July 2015, pain was rated at 7.5-8/10 and occasionally as high as 9/10. Physical examination findings included pain with inversion and eversion of the right foot and pain over the medial and lateral malleoli. She had pain when ambulating on her toes. There was pain over the anterior and posterior talofibular ligaments. Flexeril and Norco were prescribed. In August 2015, pain was rated at 7-8/10. Physical examination findings were unchanged. Her medications were refilled. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the claimant is not having back pain or muscle spasms. Continued prescribing is not medically necessary.

Norco 5/325mg #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): Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant sustained a work injury in June 2011 when she was pushing a cart loaded with sheets of glass and it tipped over, landing on her right leg. She continues to be treated for right leg, ankle, and foot pain. In July 2015, pain was rated at 7.5-8/10 and occasionally as high as 9/10. Physical examination findings included pain with inversion and eversion of the right foot and pain over the medial and lateral malleoli. She had pain when ambulating on her toes. There was pain over the anterior and posterior talofibular ligaments. Flexeril and Norco were prescribed. In August 2015, pain was rated at 7-8/10. Physical examination findings were unchanged. Her medications were refilled. Norco (hydrocodone/ acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing what is considered a clinically significant decrease in pain or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.