

Case Number:	CM15-0177172		
Date Assigned:	09/17/2015	Date of Injury:	10/10/2003
Decision Date:	10/20/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California

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 49 year old male, who sustained an industrial injury on 10-10-2003. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic cervical pain and chronic low back pain, lumbar and cervical disc disease, lumbar facet arthropathy, and cervical herniated nucleus pulposus. Treatments to date include activity modification, physical therapy, and medication therapy. Currently, he complained of his back going out two weeks previous and could not walk. The medical records submitted included Emergency Department evaluation on 6-6-15 for acute exacerbation of low back pain. Pain on this date was rated 8 out of 10 VAS without medication and 5 out of 10 VAS with medications. On 7-14-15, the physical examination documented cervical tenderness with spasms in trapezius muscles and decreased sensation down the left arm. The lumbar spine revealed spasm, decreased range of motion, positive Lasegue and straight raise leg tests on the right side. The plan of care included continuation of medication therapy and back brace. The appeal requested authorization for Flexeril 10mg #60; Norco 10-325mg #180; and Percocet 10-325mg #90. The Utilization Review dated 9-2-15, denied the request for Flexeril and modified the request to allow Norco 10-325mg to #60 tablets and Percocet 10-325mg #30 tablets per California Medical Treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #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: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with Norco and Percocet. Continued and chronic of Flexeril (Cyclobenzaprine) is not medically necessary.

Norco 10/325mg #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, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco several months. Recent addition of Percocet and NSAIDS indicates decreased tolerance to opioids. No one opioid is superior to another. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Percocet 10/325mg #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, Opioids for neuropathic pain.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case,

the claimant had been on Norco several months. Recent addition of Percocet and NSAIDS indicates decreased tolerance to opioids. No one opioid is superior to another. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.