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| Case Number: | CM15-0178154 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 04/29/2009 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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 45 year old female who sustained an industrial injury April 29, 2009. Past history included anterior posterior lumbar fusion June 2012 and hardware removal October 2013, left leg giving way with injury to the right leg and ankle. According to a primary treating physician's progress report dated July 15, 2015, the injured worker presented with continued ongoing chronic pain in the low back and into the leg. She reports having more pain as she is taking care of her granddaughter. She rated her pain 10 out of 10 without medication and 5 out of 10 with medication. Physical examination revealed lumbar spine spasm; range of motion painful and limited; positive straight leg raise bilaterally at 90 degrees; L4-S1 radiculopathy bilaterally. Diagnoses are lumbar discogenic disease with radiculopathy left lower extremity; compensatory right distal ankle fracture; possible right ankle causalgia; sacroiliac joint dysfunction. Treatment plan included Toradol 60mg intramuscular, a lumbar back brace, and at issue, a request for authorization dated September 1, 2015, for Flexeril and Norco. An MRI of the lower extremity joint, right dated March 16, 2015, (report present in the medical record) impression is documented as no evidence of acute fracture or subluxation, right ankle; probable fibrous tarsal coalition between the anterior process of calcaneus and navicular; small right ankle joint effusion. An MRI of the lumbar spine dated March 16, 2015, (report present in the medical record) impression is documented as post-surgical changes in the lower lumbar spine with L4-L5 and L5-S1 vertebral body fusion with surgical hardware, L5 laminectomy and posterior bony fusion at L4-L5; residual changes in L4, L5, and S1 vertebral bodies and pedicles from previously removed surgical hardware; L2-L3 and L3-L4 mild 2mm posterior disc bulge-

protrusion; no evidence of acute fracture or subluxation. According to utilization review dated September 8, 2015, the request for Flexeril 10mg #60 was modified to Flexeril 10mg #30. The request for Norco 10-325mg #240 was modified to Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 2009 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.

Norco 10/325 mg #240: 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, Opioids, long-term assessment.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic 2009 injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved 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. 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. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In

addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325 mg #240 is not medically necessary and appropriate.