

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0025414 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 11/13/1981 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 61-year-old female who sustained a work related injury November 13, 1981. Past medical history includes renal failure April 2013, fibromyalgia, hypertension and lupus, osteoarthritis, and Sjogrens syndrome. On September 22, 2014, she underwent medial branch facet blocks at L3-4 bilaterally and L4-5 bilaterally with diagnoses documented as chronic pain, lumbar disc herniation at L4-5 and L5-S1 and lumbar facet syndrome. The physician documents she injured her back moving boxes. Prior to the procedure, physical examination revealed limited range of motion of the lumbar spine with pain. No motor deficits are present in the lower extremities but she reports numbness and tingling in both lower extremities on sensory examination. According to utilization review dated January 20, 2015, the request for Norco 10/325mg #180 has been modified to Norco 10/325 #60, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Flexeril 10mg #90 Refills: (2) has been modified to Flexeril 10mg #20 without refills, citing MTUS and ODG-TWC Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75-78, 88, 91 of 127.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals inadequate documentation to support the medical necessity of Norco 10/325 mg. Specifically, the notes do not appropriately review and objective decrease of the injured employees pain with the usage of this medication. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. As MTUS recommends to discontinue opioids if there is no overall improvement in pain, this request for Norco is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41 of 127.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.

