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| Case Number: | CM15-0029759 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 05/22/2000 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: 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 55 year old female, who sustained an industrial injury on 5/22/2000. The diagnoses have included persistent neck pain following anterior cervical discectomy and fusion on 9/13/01, lumbar disc dessication and bulging with stenosis and facet syndrome, sleep disorder and wrist overuse injury. Treatment to date has included medications, surgery, diagnostics, physical therapy, activity modifications and other conservative treatments. Currently, as per the physician progress note dated 1/15/15, the injured worker complains of persistent neck and upper extremity pain with pain radiating into her arms. The current medications included Norco, Amlodipine and Aspirin. It was noted that she was presently not attending therapy and continues to work. The physician exam revealed tenderness to palpation of the cervical spine, decreased range of motion, and decreased sensation about the C5 dermatome. There was tenderness about the thoracic and lumbar spine, decreased range of motion with increased pain on extension versus flexion, muscle spasm with motion, and decreased sensation about the L5 dermatomes bilaterally. It was noted that the pain management consult was authorized and will be scheduled. The physician request was for Flexeril for spasms and Norco for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic neck and back pain. The date of injury is 05/22/2000. Flexeril is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Flexeril over the long-term (more than 2-3 weeks) is not recommended. In the patient's documentation, there is no convincing documentation that this treatment has led to an improvement in functioning. Muscle relaxers cause somnolence and are associated with an increase risk of falls and injury. Flexeril is not medically indicated. Therefore, the request is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic neck and back pain. The date of injury is 05/22/2000. Norco contains acetaminophen and hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Norco is not medically indicated. Therefore, the request is not medically necessary.