

Case Number:	CM15-0061708		
Date Assigned:	04/08/2015	Date of Injury:	01/10/2011
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/01/2015

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 34 year old male, who sustained an industrial injury on 1/10/2011. The medical records submitted for this review did not include details regarding the initial injury or prior treatments to date. Diagnoses included lumbar radiculopathy. Currently, he complained left side lumbar spine pain. On 2/27/15, the physical examination documented some decreased in lumbar range of motion with palpable muscle spasms present. The plan of care included medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids - On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in January 2011 and continues to be treated for low back pain with radicular symptoms. Medications include Norco with a decreasing dose, currently prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Flexeril is also being prescribed on a long term basis. 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, including attempts at weaning. The total MED (morphine equivalent dose) being prescribed is less than 120 mg per day consistent with guideline recommendations. Therefore, continued prescribing was medically necessary.

Flexeril 10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain - Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work-related injury in January 2011 and continues to be treated for low back pain with radicular symptoms. Medications include Norco with a decreasing dose, currently prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Flexeril is also being prescribed on a long term basis. 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, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.