

Case Number:	CM15-0062711		
Date Assigned:	04/08/2015	Date of Injury:	01/12/2004
Decision Date:	05/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: Texas, 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:

This is a 66-year-old female patient, who sustained an injury on 1/12/2004. The diagnoses include low back pain, cervical disc disorder, cervical disc degeneration, abdomen cervical radiculopathy. She sustained an injury due to lifting a heavy object. Per the doctor's note dated 3/12/2015, she had complaints of a lower backache with fluctuating pain. The physical examination revealed a normal gait, decreased cervical range of motion, paracervical and trapezius tenderness, and neck muscle pain without radicular symptoms caused by Spurling's maneuver; the lumbar spine- decreased range of motion, and paravertebral muscles tenderness and trigger points with twitch response and radiating pain on palpation bilaterally, positive bilateral lumbar facet loading, negative straight leg raise, and equal and symmetric reflexes of the bilateral lower extremities, normal motor strength and sensory exams in all of the extremities. The medications list includes celebrex, nexium, norco, flexeril, levothyroxine, lidoderm patch and topical cream. She has had electrodiagnostic studies on 6/10/2008 which revealed bilateral carpal tunnel syndrome; lumbar spine X-rays dated 11/13/2012 and MRI lumbar spine dated 5/8/2012. She has had urine drug screening on 4/13/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Request: Flexeril 10 mg Qty 30 with 1 refill. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. 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. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient is having low back pain. He is having significant objective findings- decreased cervical range of motion, paracervical and trapezius tenderness, and neck muscle pain without radicular symptoms caused by Spurling's maneuver; the lumbar spine- decreased range of motion, and paravertebral muscles tenderness and trigger points with twitch response and radiating pain on palpation bilaterally, positive bilateral lumbar facet loading. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, cyclobenzaprine is recommended for short term therapy. Short term or prn use of flexeril in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10 mg Qty 30 with 1 refill is medically appropriate and necessary to use as prn during acute exacerbations.

Norco 5/325 mg Qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Request: Norco 5/325 mg Qty 60 with 1 refill. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regard to pain control and objective functional improvement to opioid analgesic for this patient. The continued

review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325 mg Qty 60 with 1 refill is not established for this patient. Therefore, the request is not medically necessary.