

Case Number:	CM15-0066014		
Date Assigned:	04/16/2015	Date of Injury:	07/10/2009
Decision Date:	05/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/07/2015

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: Arizona, 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 62 year old female, who sustained an industrial injury on 07/10/2009. The initial complaints or symptoms included right shoulder, right elbow, and right knee pain/injury as the result of a motor vehicle accident. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, CT scans, MRIs, conservative therapies, epidural steroid injections, consultations, and psychiatric evaluation. Currently, the injured worker complains of cervical and lumbar spine pain with a severity rating of 3/10 for the cervical spine and 8/10 for the lumbar spine with worsening radicular symptoms in the right lower extremity. The diagnoses include cervical disc disease, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The treatment plan consisted of medication refills (Norco, Flexeril and Prilosec), L3-L5 transforaminal epidural steroid injection (waiting approval), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 10/325mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 2 years. Recent progress notes indicated a baseline pain of 7/10 but pain response was not noted with Norco use. Lower dose, weaning attempt or Tylenol failure was not noted. The continued use of Norco is not medically necessary.

Pharmacy purchase of Flexeril 10mg #60 with 2 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 Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with Norco for over 2 years. Continued use is not medically necessary.

Pharmacy purchase of Prilosec 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary online version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-ppi Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.