

Case Number:	CM15-0066880		
Date Assigned:	04/22/2015	Date of Injury:	03/01/2013
Decision Date:	05/21/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/06/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 (IW) is a 40-year-old male who sustained an industrial injury on 03/01/2013. Diagnoses include displaced lumbar intervertebral disc and degenerative lumbar/lumbosacral intervertebral disc. Treatment to date has included medications, physical therapy, activity modifications, epidural steroid injections and medial branch nerve blocks. Diagnostics included x-rays, bone scan and MRIs. According to the PR2 dated 2/24/15, the IW reported constant low back pain rated 8/10 with radiation down the right leg. Lumbar decompression at L4 to S1 with fusion and instrumentation was planned. A request was made for post-op medication: Norco 10/325mg, #150 and Flexeril 10mg, #90. A prior utilization review on 3/4/15 denied the post op medication due to the operative procedure being denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op medication: Norco 10mg #150 per 2/25/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, Chronic Pain Treatment Guidelines Opioids, Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the current Percocet medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication or another one. In addition, there is no need for the medication if the original surgery is not being authorized. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Post-op medication: Flexeril 10mg #90 per 2/25/15 order: 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), Cyclobenzaprine (Flexeril), Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, the medication is being proscribed for postoperative pain and thus not as a second line agent instead as a first line agent. Additionally, there is no need for the medication if the original surgery is not being authorized. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.