

Case Number:	CM15-0072970		
Date Assigned:	04/23/2015	Date of Injury:	02/15/2005
Decision Date:	05/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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: Physical Medicine & Rehabilitation

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 47-year-old female who sustained an industrial injury on 2/15/05. The injured worker reported symptoms in the back. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of lumbar or lumbosacral intervertebral disc, sacroiliitis, spondylosis of unspecified site without mention of myelopathy, lumbosacral neuritis, and lumbago. Treatments to date have included rest, massage, heat, cold, transcutaneous electrical nerve stimulation unit, nerve blocks, injections and oral pain medication. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain. The Request for Authorization is dated 03/27/15. The current request is for NORCO 10/325MG #120. Treatments to date have included rest, massage, heat, cold, transcutaneous electrical nerve stimulation unit, nerve blocks, injections and oral pain medication. The patient is working with restrictions. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. According to progress report 03/27/15, the patient was started on Norco on 05/09/12. Progress reports continually note alleviating factors include medications. Current pain levels are also documented in progress reports. The patient is currently working and medication are noted to alleviate some of the pain; however, there were no urine drugs screens, CURES reports or any discussion regarding possible adverse side effects. MTUS requires that all of the 4A's be addressed for long-term opiate use. In this case, the treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Flexeril 10mg #90: 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 Page(s): 63-66.

Decision rationale: This patient presents with chronic low back pain. The Request for Authorization is dated 03/27/15. The current request is for FLEXERIL 10MG #90. Treatments to date have included rest, massage, heat, cold, transcutaneous electrical nerve stimulation unit, nerve blocks, injections and oral pain medication. The patient is working with restrictions. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." According to progress report 03/27/15, the patient was started on Flexeril on 12/27/13 for muscle spasms. Progress reports continually note that alleviating factors include medications. MTUS Guidelines supports the use of Flexeril for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.

