

Case Number:	CM15-0074568		
Date Assigned:	04/24/2015	Date of Injury:	08/15/2001
Decision Date:	05/27/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/20/2015

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: 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 75 year old male, who sustained an industrial injury on 8/15/01. He reported pain in his lower back. The injured worker was diagnosed as having lumbar radiculitis, lumbar degenerative disc disease and lumbar spinal stenosis. Treatment to date has included an H-wave unit, lumbar injections and oral pain medications. As of the PR2 dated 3/24/15, the injured worker reports pain in his lower back and bilateral lower extremities. He rates his pain a 9/10 without medications and a 5/10 with medications. He indicated that the medications are helpful and well tolerated, including Norco, which he takes for moderate to severe pain. He is using Flexeril just occasionally for flare-ups. The treating physician requested Norco 10mg #180, Colace 100mg and Flexeril 10mg #90 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines do not support the chronic long-term use of opioids as the long term use of opioids leads to dependence, tolerance and adverse effects. In addition, the MTUS guidelines note that opioids for neuropathic pain are not recommended as a first-line therapy. The medical records do not establish failure of first line treatment for chronic neuropathic pain. Moreover, despite the ongoing use of Norco there is no indication of significant improvement in pain and function. The ongoing use of opioids is therefore not supported. The request for (1) Prescription of Norco 10mg #180 is not medically necessary and appropriate.

(1) Prescription of Colace 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to the Official Disability Guidelines, opioid induced constipation treatment is recommended if prescribing opioids has been determined to be appropriate. In this case, the ongoing use of opioids has not been deemed appropriate. The request for (1) Prescription of Colace 100mg is not medically necessary and appropriate.

(1) Prescription of Flexeril 10mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. While the examination narrative notes that this medication is being used occasionally for flare-ups, the medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for (1) Prescription of Flexeril 10mg #90 with 3 refills is not medically necessary and appropriate.