

Case Number:	CM15-0078054		
Date Assigned:	04/27/2015	Date of Injury:	08/29/2012
Decision Date:	05/28/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/23/2015

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:

The injured worker is a 40 year old male, who sustained an industrial injury on 08/29/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having post-lumbar laminectomy syndrome, degeneration of the lumbosacral intervertebral disc, chronic pain syndrome, fibromyositis, and lumbosacral radiculitis. Treatment to date has included medication regimen, lumbar epidural steroid injection, physical therapy, and status post discectomy. In a progress note dated 03/13/2015 the treating physician reports complaints of constant low back and left hip pain. Physical examination of the lumbar spine revealed tenderness on palpation, antalgic gait, positive SLR, limited range of motion and muscle guarding. The patient has had history of anxiety, depression and sleep disturbance. The treating physician also notes a moderate left antalgic gait and limited lumbosacral range of motion secondary to pain. The treating physician requested two prescriptions of Norco 10/325mg with a quantity of 120 with no refills with the injured worker noting to the physician that Norco is the only medication that assists with his back and hip pain. The physician also noted that this medication allows the injured worker to perform all activities of daily living independently and to perform exercises daily. The treating physician also requested the medication Cyclobenzaprine 5mg with a quantity of 30 with three refills to be taken at bedtime as needed for spasms. The medication list include Norco, gabapentin, Cyclobenzaprine, Ibuprofen and Tylenol. The patient's surgical history include low back surgery in 7/2014.

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 - Opioids, criteria for use: page 76-80. CRITERIA FOR USE OF OPIOIDS. Therapeutic Trial of Opioids.

Decision rationale: Request: Norco 10/325mg #120. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "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 patient has set goals regarding the use of opioid analgesic. A 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 the overall situation with regard to non-opioid 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 functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS 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. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient. The request is not medically necessary.

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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 the overall situation with regard to non-opioid 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 regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS 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. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient. The request is not medically necessary.

Cyclobenzaprine 5mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42.

Decision rationale: Cyclobenzaprine 5mg #30. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." The injured worker was diagnosed as having post-lumbar laminectomy syndrome, degeneration of the lumbosacral intervertebral disc, chronic pain syndrome, fibromyositis, and lumbosacral radiculitis. In a progress note dated 03/13/2015 the treating physician reports complaints of constant low back and left hip pain. Physical examination of the lumbar spine revealed tenderness on palpation, antalgic gait, positive SLR, limited range of motion and muscle guarding. The patient has had history of anxiety, depression and sleep disturbance. The treating physician also notes a moderate left antalgic gait and limited lumbosacral range of motion secondary to pain. The patient has evidence of muscle spasms on objective examination. The pt also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, the request for Cyclobenzaprine 5mg #30 is medically necessary and appropriate for prn use during exacerbations.