

Case Number:	CM15-0090510		
Date Assigned:	05/14/2015	Date of Injury:	01/10/2003
Decision Date:	06/17/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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 45-year-old female, who sustained an industrial injury on 1/10/2003. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic low back pain with moderate L4-5 right foraminal stenosis and multilevel degenerative disc disease. Treatment to date has included conservative care. Currently (3/19/2015), the injured worker complains of right sided low back pain, rated 2/10 with medication use and 8/10 without. The patient has had tightness in lumbar region. Patient has received an unspecified number of PT visits for this injury. The use of Norco was noted since at least 9/2014 and a trial of Flexeril was since 1/2015. She continued to work and recently they changed her workstation, helping her stress levels. Her work status was permanent and stationary. She reported taking Flexeril "a couple of times", but only at bedtime, noting mild relief and the ability to sleep. She reported that Norco was more effective than Flexeril. Medication use included Flexeril, Norco (occasionally), and Tramadol (up to 6 times daily). She reported that medications reduced pain by 80% and normalized her function. She reported dry mouth from the use of Tramadol. Physical exam noted tenderness to palpation of the lumbar spine into the right paraspinal and facet region, with decreased range of motion. Motor and sensory exams were intact. The treatment plan included continued medications. Her pain level with the use of Norco and Tramadol was documented at 3/10 on the previous visit (1/22/2015). Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 #90. 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 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. Per the notes, Medication use included Flexeril, Norco (occasionally), and Tramadol (up to 6 times daily). She reported that medications reduced pain by 80%. The level of pain control with lower potency opioids like tramadol and other non-opioid medications, without the use of Norco, was not specified 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 #90 is not established for this patient.

Flexeril 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42, NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Flexeril 10mg #60. 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." The injured worker was diagnosed as having chronic low back pain with moderate L4-5 right foraminal stenosis and multilevel degenerative disc disease. Currently (3/19/2015), the injured worker complains of right sided low back pain, rated 2/10 with medication use and 8/10 without. The patient has had tightness in lumbar region. Physical exam noted tenderness to palpation of the lumbar spine into the right paraspinal and facet region, with decreased range of motion. The patient has evidence of muscle tightness on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, with this, it is deemed that, the use of the muscle relaxant Flexeril 10mg #60 is medically appropriate and necessary in this patient.