

Case Number:	CM15-0093065		
Date Assigned:	05/19/2015	Date of Injury:	08/21/2009
Decision Date:	08/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/14/2015

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 (IW) is a 44-year-old female who sustained an industrial injury 08-21-2009. Diagnoses include status post lumbosacral fusion; lumbar discogenic disease; and chronic low back pain. Treatment to date has included medications, spinal fusion and lumbar epidural steroid injections (LESI). A previous LESI provided 50% pain relief for two to three months. According to the progress notes dated 12-10-2014, the IW reported chronic low back pain, status post lumbosacral fusion. Pain was 9 out of 10 without medication and relieved 50% by her medications, which allowed her to be more functional. On examination diffuse tenderness and spasm was noted across the low back. Motor strength was 4 over 5 in the L3-S1 distribution, greater on the right. Straight leg raise was positive bilaterally. Lasegue's was positive bilaterally and sensation was decreased in the L3-4 dermatome bilaterally. MRI of the lumbar spine on 8-29-2012 showed post surgical changes from L4 to S1; laminectomy defects at L4 and L5; disc desiccation at T12-L1 to L3-4 with loss of disc height at L3-4; disc herniation and facet hypertrophy causing spinal canal stenosis and foraminal stenosis at L2-3 and L3-4. A request was made for Norco 10/325mg, 2 tabs three times daily, #180 for moderate to severe pain and Flexeril 10 mg, one tab twice daily, #60 for muscle spasms and pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #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: Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2009 injury without acute flare, new injury, or progressive deterioration. The Norco 10/325 mg #180 is not medically necessary and appropriate.

Flexeril 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2009 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10 mg #60 is not medically necessary and appropriate.