

Case Number:	CM14-0147738		
Date Assigned:	09/15/2014	Date of Injury:	05/01/2000
Decision Date:	09/15/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/11/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female with an industrial injury dated 05-01-2000. Her diagnoses included chronic musculoligamentous sprain, thoracic spine, chronic musculoligamentous sprain, lumbar spine; lumbar 5-sacral 1 - severe degenerative loss of disc height, mild to moderate bilateral foraminal stenosis and moderate bilateral facet arthropathy. Prior treatment included acupuncture, physical therapy and medications. She presented on 03-06-2014 with complaints of pain in thoracic spine and lumbar spine. She reported numbness and tingling into the left lower extremity extending into the left foot. She rates her pain as 7-8 out of 10. Objective findings noted tenderness and decreased range of motion of the lumbar spine with decreased sensation noted at lumbar 5-sacral 1 on the left. Her medications were Flexeril and Norco. The treatment requests for review are: Prospective Usage of Norco 10/325 mg #60 X 2 Refills; Prospective Usage Of Flexeril 10 mg #30 X 2 Refills

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Norco 10/325mg #60 X 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2000. When seen, she was having constant pain and discomfort in the thoracic spine and severe pain and discomfort in the lumbar spine. She was having left lower extremity numbness and tingling. Pain was rated at 7-8/10. There was lumbar spine tenderness with decreased range of motion and positive straight leg raising. There was decreased left upper extremity sensation. Medications were refilled. Norco and Flexeril were being prescribed on a long-term basis. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing is not medically necessary.

Prospective Usage of Flexeril 10mg #30 X 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2000. When seen, she was having constant pain and discomfort in the thoracic spine and severe pain and discomfort in the lumbar spine. She was having left lower extremity numbness and tingling. Pain was rated at 7-8/10. There was lumbar spine tenderness with decreased range of motion and positive straight leg raising. There was decreased left upper extremity sensation. Medications were refilled. Norco and Flexeril were being prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed indicates intended ongoing long term use and is not medically necessary.