

Case Number:	CM13-0005046		
Date Assigned:	11/01/2013	Date of Injury:	05/19/2009
Decision Date:	01/21/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Mnaagement and is licensed to practice in Florida. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42-year-old male who reported an injury on 05/19/2009. The patient was recently on 10/11/2013. The patient was status post right hip arthroscopy on 10/03/2013. Physical examination revealed well-healing incisions, excellent range of motion, and negative Yeoman's testing. The patient is diagnosed with sprain of the hip, thigh, and chronic pain syndrome. Treatment recommendations included initiation of physical therapy in 4 weeks. A Primary Treating Physician's Progress Report was submitted on 09/26/2013. Physical examination revealed restricted lumbar range of motion, paravertebral muscle spasms with tenderness and tight muscle band on the right, positive facet loading maneuver on the right, limited right hip range of motion, positive FABER test, restricted range of motion of the left hip, 5/5 motor strength of the bilateral lower extremities, and diminished sensation at L5 and L4. The patient is also diagnosed with lumbar facet syndrome, low back pain, hip pain, and hip degenerative joint disease. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has been continuously utilizing the requested medication. Despite the ongoing use, the patient continues to report high levels of pain and demonstrates no change in activity level, restricted range of motion, tenderness to palpation, paravertebral muscle spasms and tightness, and positive provocative testing. Satisfactory response to treatment has not been indicated by a decrease in level of pain, increase in level of function, or overall improved quality of life. The patient continues to report back pain, joint pain, and muscle pain. Based on the clinical information received and California MTUS Guidelines, ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.

1 prescription of Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Flexeril is recommended for a short course of therapy and should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report back pain, joint pain, and muscle pain. The patient continues to demonstrate restricted range of motion, tenderness to palpation, paravertebral muscle spasm and tight muscle banding, and positive Provocative testing. Satisfactory response to treatment has not been indicated. Therefore, ongoing use of this medication cannot be determined as medically appropriate. As such, the request is non-certified.

1 prescription of Exalgo ER 12mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and

functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has been continuously utilizing the requested medication. Despite the ongoing use, the patient continues to report high levels of pain and demonstrates no change in activity level, restricted range of motion, tenderness to palpation, paravertebral muscle spasms and tightness, and positive provocative testing. Satisfactory response to treatment has not been indicated by a decrease in level of pain, increase in level of function, or overall improved quality of life. The patient continues to report back pain, joint pain, and muscle pain. Based on the clinical information received and California MTUS Guidelines, ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.