MAXIMUS Federal Services

Case Number:	CM13-0009670		
Date Assigned:	12/11/2013	Date of Injury:	09/06/2012
Decision Date:	01/31/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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 37-year-old female who reported an injury on 09/06/2012. The patient is diagnosed with a history of right elbow fracture, L5-S1 annular tear and bulge, coccydynia, and right lateral epicondylitis. The patient was seen by [redacted] on 10/07/2013. The patient complained of lower back and right elbow pain. Physical examination revealed tenderness to palpation of the right elbow with 5 degree extension and 130 degree flexion. Physical examination also revealed tenderness to the lumbar paraspinals with muscle spasm and guarding, as well as limited range of motion and tightness in bilateral hamstrings. Treatment recommendations included continuation of current medication and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for patients with osteoarthritis when they are used at the

lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient has continuously utilized NSAID medication. Despite the ongoing use, the patient continues to report low back pain and right elbow pain. The patient continues to demonstrate tenderness to palpation with limited range of motion on physical examination. Satisfactory response to treatment has not been indicated. The guidelines further state there is no evidence to recommend 1 drug in this class over another based on efficacy. As guidelines do not recommend long term use of this medication, the request for Naproxen is not medically necessary.

Tizanidine: 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: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with low back pain. However, in most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain to the lower back and right elbow. The patient's physical examination continues to reveal tenderness to palpation with restricted range of motion and palpable muscle spasm with guarding. Satisfactory response to treatment has not been indicated. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request for Tizanidine is not medically necessary.

Hydrocodone APAP 10/325mg: 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: The 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 assessments 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 continuously utilized this medication. Despite the ongoing use, the patient continues to report lower back and right elbow pain. There are no significant changes in the patient's physical examination that would indicate a functional response. Satisfactory

response to treatment has not been indicated by a decrease in pain, increase in function, or improved quality of life. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request for Hydrocodone APAP 10/325mg is not medically necessary.