

Case Number:	CM13-0018506		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2010
Decision Date:	03/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/29/2013

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, has a subspecialty in Pulmonary Disease 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 51-year-old female who reported injury on August 10, 2010. The injury occurred when the patient was moving tables and developed muscle tightness in the back and shoulders. The clinical documentation submitted for the date of July 17, 2013 revealed that the patient continued to use her medications and continued to exercise on a regular basis. The medications enabled the patient to sleep better, decreased overall pain and made her ability to carry out activities of daily living tolerable. The patient's medications include Norco 10/325 twice a day, Neurontin 800mg, by mouth three (3) times a day, metformin, hydrochlorothiazide, Atenolol, fenofibrate, and simvastatin as well as Robaxin 750mg twice a day and Colace 100mg three (3) times a day. The objective findings indicated that the patient had increased tenderness of the cervical paraspinal muscles and the lumbar and thoracic were mildly tender. The patient had good range of motion at the lumbar spine and decreased range of motion of the cervical spine. The patient had a urine drug screen on May 22, 2013 that was consistent with medications being prescribed. The patient's diagnoses include neck and thoracic pain as well as low back pain and right upper extremity paresthesia and bilateral shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Methocarbamol 750mg, #60, times two (2), prescribed on July 17, 2013: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are prescribed as a second line option for short-term treatment of acute exacerbation and low back pain and for use for less than 3 weeks. There should be documentation of objective functional improvement. Clinical documentation submitted for review failed to indicate that the patient had a failure of first line treatment. Additionally, there was a lack of documentation indicating the patient's objective functional improvement. There was a lack of documentation indicating a necessity for two (2) months of treatment as it is indicated for short-term use of less than three (3) weeks. Given the above, the request for Methocarbamol 750mg, #60, with two (2) refills is not medically necessary.

retrospective request for Docu-Sodium 100mg, #100, times two (2), prescribed on July 17, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines indicate that when initiating opioid therapy prophylactic treatment of constipation should be initiated. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, there was a lack of documentation indicating a necessity of Colace times two (2). Given the above, the request for docu-sodium 100mg, #100, times two (2) is not medically necessary.