

Case Number:	CM13-0026798		
Date Assigned:	09/08/2014	Date of Injury:	08/22/1997
Decision Date:	10/14/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records, presented for review, indicate that this 51-year-old female was reportedly injured on August 22, 1997. The most recent progress note, dated September 18, 2013, indicated that there were ongoing complaints of low back pain. Current medications include cyclobenzaprine, Zoloft, Opana ER, bupropion, and alprazolam. The physical examination demonstrated diffuse tenderness throughout the lumbar spine and weakness in the lower extremities rated at 4+/5. Diagnostic imaging studies of the lumbar spine revealed postoperative changes consistent with a lumbar interbody fusion from L1 to S1. There were disc desiccation and mild osteoarthritis of the facet joints at T12-L1 and degenerative changes of the right SI joint. Also noted was severe fatty atrophy of the paraspinal muscles in the lumbar spine. Previous treatment included lumbar spine surgery to include a fusion from L1 to S1. A request had been made for Kadian, MSIR 15 mg, and Flexeril and was not certified in the pre-authorization process on September 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 80MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 74-75, 78, 93 of 127.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has complaints of chronic pain; however, there is no documentation of improvement in the pain level or increase in the overall functionality with the current treatment regimen. In the absence of subjective or objective clinical data, this request for Kadian 80 mg is not medically necessary.

MSIR 15MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 74-75, 78, 93 of 127.

Decision rationale: MSIR is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has complaints of chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for MSIR 15 mg is not medically necessary.

Flexeril 10MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Flexeril 10 mg is not medically necessary.