

Case Number:	CM13-0027397		
Date Assigned:	11/22/2013	Date of Injury:	10/22/2002
Decision Date:	01/28/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York State. He 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 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 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 claimant is a 58 year old man who sustained a work related injury on October 22, 2002. The mechanism of injury was not provided. He has diagnoses of cervical disc syndrome and low back pain. He also notes depression, anxiety, sleeping problems, and frequency of urine at night. On evaluation he complains of bilateral upper extremity numbness, tingling, and weakness with low back pain and lower extremity weakness. Exam demonstrates bilateral cervical paraspinal muscle tenderness and spasm, decreased range of motion with pain, bilateral lumbar paraspinal muscle tenderness and spasm, decreased range of motion, and decreased bilateral lower extremity motor strength. The treating provider has requested Flexeril 10mg #90, Vicodin 5/500, and a lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: Per the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of low back pain. The medication has its greatest effect in the first four days of treatment. The documentation indicates there are palpable neck and back muscle spasms and there is no documentation of functional improvement from any previous use of this medication for the period between July 2012 and August 2013. Per California MTUS Guidelines muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for the continued use of Flexeril has not been established. The requested treatment is not medically necessary.

Vicodin 5/500 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates the treating provider has requested treatment with opioid therapy with Vicodin 5/500. Per California MTUS Guidelines, short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. There is no documentation indicating whether the requested Vicodin is for an initial trial or a continuation of treatment. Medical necessity for the requested medication has not been established. The requested treatment is not medically necessary.

One (1) lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment

Decision rationale: The guidelines from CMS Medicare/Blue Cross of California Medical Durable Medical Equipment note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is

unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested lumbar spine brace is necessary to improve his back condition. The current guidelines state that lumbar supports have not been shown to have any lasting effect beyond the acute phase of relief. They are recommended as a treatment option for the treatment of compression fractures, spondylolisthesis and documented spinal instability. The available documentation demonstrates no significant objective improvement between June 2012 and August 2013 with lumbar bracing. Medical necessity for the requested service has not been established. The requested service is not medically necessary.