MAXIMUS Federal Services

Case Number:	CM13-0028023		
Date Assigned:	01/15/2014	Date of Injury:	11/22/2003
Decision Date:	11/12/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/23/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 67 year-old female who reported an injury on 11/22/2003. The medical records were reviewed. The mechanism of injury was not submitted for clinical review. The diagnoses included failed neck surgery syndrome, trochanteric bursitis, degenerative joint disease right knee, subacromial bursitis, GERD, cervical radiculopathy, cervicalgia, lumbar radiculopathy, chronic pain, and facet arthropathy of the lumbar spine. Previous treatment included MS-Contin, Norco, Flexeril, Gabapentin, and Morphine Sulfate ER. Upon the physical examination the provider noted the injured worker had pain and tenderness across the cervical spine on extension. The range of motion of the cervical spine was flexion at 60 degrees. Upon examination of the lumbar spine the provider noted the injured worker to have tenderness to palpation of the lumbar spine over the right trochanteric bursa. The request submitted is for MS-Contin, Flexeril, and Norco. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The request for MS Contin 15mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addition, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally the provider failed to document adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Flexeril 10mg #90 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Flexeril 10mg #90 with 1 refill is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Norco 10/325mg #120 with 1 Refill: 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 Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The request for Norco 10/325mg #120 with 1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addition, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.