

Case Number:	CM13-0029896		
Date Assigned:	12/20/2013	Date of Injury:	04/09/2007
Decision Date:	03/12/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/27/2013

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 Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

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IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg: 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 that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the patient has continuously utilized opioid medications. Despite ongoing use, the patient continues to report lower back pain, stiffness and radiation to the left lower extremity. The patient's physical examination continued to reveal tenderness to palpation and spasm with positive straight leg raise. As satisfactory response to treatment has not been indicated, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Norco 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 that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the patient has continuously utilized opioid medications. Despite ongoing use, the patient continues to report lower back pain, stiffness and radiation to the left lower extremity. The patient's physical examination continued to reveal tenderness to palpation and spasm with positive straight leg raise. As satisfactory response to treatment has not been indicated, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

60 Tablets of Fexmid 7.5mg: 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 the short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, there was no evidence of this patient's current utilization of this medication. The documentation provided for review indicated that this patient has continuously utilized Soma. As the guidelines do not recommend the long-term use of this medication, the current request cannot be determined as medically appropriate. Additionally, despite the ongoing use of a muscle relaxant, the patient's physical examination

continues to reveal tenderness to palpation with palpable muscle spasms. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.