

Case Number:	CM13-0031270		
Date Assigned:	12/04/2013	Date of Injury:	03/31/2010
Decision Date:	02/27/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine & Rehabilitation 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 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 46-year-old male who reported an injury on 03/31/2010. The patient is diagnosed with cervical myeloradiculopathy, postoperative decompression in 2011, residual cord compression with myelopathy, chronic/active C5 radiculopathy, chronic right C5-6 radiculopathy, posttraumatic headaches, thoracic pain, and lumbar disc disease. The patient was seen by [REDACTED] on 06/03/2013. The patient reported 6/10 pain. Physical examination revealed positive Hoffmann's sign bilaterally, sensory deficit in the right upper extremity at C5-6, C6-7, and C7-8, and no upper extremity motor deficit. Treatment recommends included prescriptions for Vicodin ER and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: 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 Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines state muscle relaxants are recommended as nonsedating second line options for 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, the patient's physical examination on the requesting date of 06/03/2013 did not reveal palpable muscle spasm, muscle tension, or spasticity. There is no evidence of a failure to respond to first line treatment prior to the initiation of a second line muscle relaxant. As MTUS Chronic Pain Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

Vicodin ER 7.5/750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid 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. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain. There is no change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated in the medical records provided for review by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request for Vicodin ER 7.5/750mg #120 is not medically necessary and appropriate.