MAXIMUS Federal Services

Case Number:	CM13-0033464		
Date Assigned:	12/06/2013	Date of Injury:	05/19/2003
Decision Date:	02/11/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/09/2013

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, has a subspecialty in Sports Medicine, and is licensed to practice in New York and 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 60-year-old female who reported an injury on 08/07/2010. The patient is diagnosed as status post spinal cord stimulator implantation, status post removal of spinal cord stimulator implantation in 2012, and lumbar spine strain and sprain with bilateral lower extremity radiculopathy. The patient was seen by the provider on 09/12/2013. Physical examination revealed tenderness to palpation with spasm in the lumbar spine, positive straight leg raising, and diminished range of motion with decreased sensation. The treatment recommendations included continuation of current medication

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg#120: 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 Page(s): 74-82.

Decision rationale: The California MTUS guidelines state a therapeutic trial of opioid should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and

functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted for review, the patient has continuously utilized opioid medication. Despite ongoing use, the patient continues to report worsening lumbar spine pain with radiation to the lower extremities. Satisfactory response to treatment has not been indicated 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 is non-certified

Fexmid 7.5mg #60: 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 Page(s): . 63-66.

Decision rationale: The California MTUS 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. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time. Cyclobenzaprine is not recommended for longer than 2 to 3 weeks. As per the clinical notes submitted for review, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to demonstrate palpable muscle spasm with tenderness to palpation and diminished range of motion. Satisfactory response to treatment has not been indicated. As guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.