

Case Number:	CM13-0040292		
Date Assigned:	12/20/2013	Date of Injury:	04/01/2013
Decision Date:	03/12/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 Interverntional Spine and is licensed to practice in California. 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 50 Y, M with date of injury 4/1/13. The progress report dated 9/17/13 by ■■■■■ shows a diagnosis of: Acute lumbosacral strain, rule out disc herniation; left hip contusion and lumbosacral radiculitis. Patient came in complaining of pain radiating down to lower left extremity. The patient has been taking Robaxin and Anexia and reports improvement in his pain level from 9/10 to 4/10 after taking medication. Exam findings show limited range of motion of the lumbar spine; tenderness and hypertonicity to palpation of the paraspinal muscles on the left side with decreased sensation on the left side. ■■■■■ recommends switching from Robaxin to Flexil for muscle spasm and Anexia for pain control. The records indicate that the patient had been started on Anexia on 7/8/13 after failed trials of Tylenol with Codeine and tramadol. The records indicate that the patient has been on muscle relaxant medication as far back as 4/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #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 Chronic Pain Medical Treatment Guidelines MTUS pg 64 Page(s): 64.

Decision rationale: The progress report dated 9/17/13 by [REDACTED] shows a diagnosis of: Acute lumbosacral strain, rule out disc herniation; left hip contusion and lumbosacral radiculitis. Patient came in complaining of pain radiating down to lower left extremity. The patient has been taking Robaxin and Anexia and reports improvement in his pain level from 9/10 to 4/10 after taking medication. Exam findings show limited range of motion of the lumbar spine; tenderness and hypertonicity to palpation of the paraspinal muscles on the left side with decreased sensation on the left side. [REDACTED] recommends switching from Robaxin to Flexil for muscle spasm. The records indicate that the patient has been on muscle relaxant medication as far back as 4/1/13. MTUS page 64 regarding Flexeril indicates recommendation for short course of therapy and limited, mixed-evidence does not allow for a recommendation for chronic use. The records appear to indicate that the patient has been on long term use of muscle relaxants which is not supported by MTUS. Recommendation is for denial.

Anexia (Hydrocodone\APAP 7.5/325) tablets #120: Overturned

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 Chronic Pain Medical Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines on Long.

Decision rationale: The progress report dated 9/17/13 by [REDACTED] shows a diagnosis of: Acute lumbosacral strain, rule out disc herniation; left hip contusion and lumbosacral radiculitis. Patient came in complaining of pain radiating down to lower left extremity. The patient has been taking Robaxin and Anexia and reports improvement in his pain level from 9/10 to 4/10 after taking medication. [REDACTED] recommends Anexia for pain control. MTUS pg. 81 under outcomes measures states that it is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. None of the reports reviewed contain this information. Therefore recommendation is for denial.