MAXIMUS Federal Services

Case Number:	CM13-0047337		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2012
Decision Date:	03/07/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/01/2013

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 and 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 55-year-old female who reported an injury on 09/17/2012. The mechanism of injury was not provided within the medical records. Initial treatment included activity modification and rest. The patient has received 4 weeks of physical therapy as well as unspecified medications. An MRI performed on 11/16/2012, noted a disc protrusion centrally at L4-5 with annular tear, without any compression of the neural tissue. She received a referral to orthopedics, who did not believe a surgical intervention was needed. The patient continues on a home exercise program and utilizes a TENS unit. Her current medications include tramadol 50mg, 1-4 a day; Relafen 750mg, 1 a day; Zoloft 50mg, 1 a day; and Ambien 5mg, at bedtime as needed. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: The California MTUS Guidelines recommend short term use of nonsteroidal anti-inflammatory drugs (NSAIDs) to treat moderate to severe pain, after a course of acetaminophen has failed. The guidelines state that NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain; however, they were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The clinical records provided for review indicate that the patient has been taking Relafen since at least June 2013, but the subsequent clinical notes do not detail the medication's efficacy on the patient's function and overall pain levels. Since the guidelines only recommend NSAIDs as a short term treatment, the guideline recommendations have been exceeded. Therefore, the requested Relafen is not medically necessary or appropriate at this time.

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 Muscle Relaxants Page(s): 63-64.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution, as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine (Flexeril), in particular, is an antispasmodic that is used to decrease muscle spasm in conditions such as low back pain, and is recommended for a short course of therapy not to exceed 3 weeks. The clinical information submitted for review provides evidence that the patient has been prescribed Flexeril since at least June 2013. There was no documentation provided of the presence of muscle spasms. The clinical notes provided also do not detail the effect the medication has had on the patient's overall pain levels or functional abilities. As the length of use exceeds the guideline recommendations of 3 weeks, and medication efficacy has not been detailed within the medical records, the requested Flexeril is not medically necessary or appropriate at this time.