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| Case Number: | CM13-0049069 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 12/26/2002 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

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 Oklahoma 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 was a 59 year old male with complaints of low back pain resulting from a fall on 12/26/2002. The patient had an MRI on 03/09/2013 which had significant findings throughout the lumbar spine. The patient was being treated for his pain with cyclobenzaprine, Senna and Norco noted on 01/03/2013. The patient was seen on 12/09/2013 which noted the patient was taking medications as prescribed. The documentation stated the patient was seen for medication. The physical examination noted the patient had tenderness to palpation in the L-S area with good range of motion. It further noted loss of lordosis and extension was limited to 10 degrees. The patient had a positive seated straight leg raise. There were no additional abnormalities noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

requested treatment for 1 prescription of Senna 8.6mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The request for 1 prescription of Senna 8.6mg is non-certified. The patient did not have documented indications for this medication. It is noted the patient was being

prescribed opioids. The Chronic Pain Medical Treatment Guidelines recommends the use of medication for patients prophylactically to prevent gastrointestinal discomfort. However, the patient opioid use was non-certified. Therefore, adjunct prophylactic treatment is not recommended. Given the information submitted for review the request for 1 prescription of Senna 8.6mg is non-certified.

requested treatment for 1 prescription of Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):) 64.

Decision rationale: The request for 1 prescription of Flexeril 10mg, #60 is non-certified. The patient was noted as taking the medication without adverse reactions. The guidelines recommend the use of Flexeril for short course of therapy. The patient was noted as taking the medication for more than 11 months. The guidelines do not recommend the use of Flexeril for chronic pain. Furthermore, the documentation submitted for review did not note the analgesic effect of the medication for the patient. The documentation did not address the patient's pain level nor was it documented the patient had noted symptoms indicating the use of the medication. Given the information submitted for review the request for 1 prescription of Flexeril 10mg, #60 is non-certified.

The requested treatment for 1 prescription of Norco 10/325mg #220: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):) 78.

Decision rationale: The request for 1 prescription for Norco 10/325mg, #220 is non-certified. The documentation note the patient was seen on 12/09/2013 for medications. The patient's pain level was not documented. The Chronic Pain Medical Treatment Guidelines recommend the continuation of opioid use be based on the medication's analgesic effect. The documentation submitted for review did not address the medications efficacy. The guidelines further recommend the continued use of opioids for patients in relation to ability to perform ADLs. It is unclear if the medication improved the patient's functionality as it wasn't submitted in the documentation for review. The documentation submitted for review did not have objective findings supporting the need for the medication. Given the information submitted for review the request for 1 prescription for Norco 10/325mg, #220 is non-certified.