

Case Number:	CM13-0051377		
Date Assigned:	12/27/2013	Date of Injury:	04/17/2007
Decision Date:	04/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 expert 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 injured worker is a 67 year old female who sustained an injury on 04/17/2007. The patient was evaluated on 09/17/2013 for subjective complaints of shoulder, neck, and lower back pain that was improving. The documentation submitted for review indicated the injured worker's range of motion to be within normal limits. The documentation additionally noted the injured worker had slight tenderness over the facet joint in the lower back and mild tenderness over the paravertebral muscles in the neck and lower back. The injured worker's diagnoses were noted as chronic low back pain and facet disease, chronic cervical spine disease and degeneration, bilateral shoulder pain, chronic bursitis, and right-sided sciatica, improved. The treatment plan indicated a continuation of Vicodin, Flexeril, and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

Decision rationale: The documentation submitted for review indicated the injured worker complained of shoulder, neck, and low back pain from prior to the examination. The documentation submitted for review did not indicate the injured worker had pain upon evaluation. The documentation did not indicate a pain level using a Visual Analog Scale or another numerical scale. Therefore, the efficacy of the medication was unclear. The MTUS Chronic Pain Guidelines recommend ongoing monitoring of injured worker's pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. The documentation submitted for review did not indicate the injured worker's pain relief level. Therefore, the continued use of the medication is not supported. The MTUS Chronic Pain Guidelines further indicate the discontinuation of opioid therapy for injured workers when there is a resolution of pain. The documentation submitted for review indicated the injured worker's condition is getting better and did not indicate the injured worker had significant symptoms to warrant the continuation of usage. It is additionally noted the request submitted did not include the amount of the medication being requested. Given the information submitted for review, the request for Vicodin 5/500 mg is not medically necessary and appropriate. 2

FLEXERIL 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: The documentation submitted for review did not indicate the injured worker had signs and symptoms to indicate the use of the medication. The objective findings of the physical examination submitted for review indicated the injured worker had right shoulder range of motion within normal limits and slight tenderness over the facet joints in the lower back. There was no indication that the injured worker had spasm. The MTUS Chronic Pain Guidelines recommend the use of Flexeril for short courses of therapy. The documentation submitted for review indicated the injured worker was previously taking the medication for longer than recommended by guidelines. Furthermore, the documentation submitted for review did not indicate the injured worker was suffering from pain upon evaluation. The injured worker's pain level using the Visual Analog Scale or another numerical scale was not submitted for review. As the injured worker was previously taking the medication and no efficacy was noted, the continued use is not supported. The request for Flexeril 10 mg is not medically necessary and appropriate

RESTORIL 15MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Benzodiazepines Page(s): 24.

Decision rationale: The documentation submitted for review indicated the injured worker had been taking the medication longer than prescribed by the MTUS Chronic Pain Guidelines. The MTUS Chronic Pain Guidelines recommend the use of benzodiazepines be limited to 4 weeks. The documentation submitted for review did not indicate extenuating circumstances to exceed guideline recommendations. Furthermore, the physical examination and subjective complaints submitted for review did not indicate the injured worker had signs and symptoms that supported the use of the medication. Therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for Restoril 15 mg is not medically necessary and appropriate.