

Case Number:	CM13-0054832		
Date Assigned:	12/30/2013	Date of Injury:	10/09/2012
Decision Date:	04/14/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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 and Rehabilitation, has a subspecialty in Interventional 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 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:

This is a 60 year-old male who was injured on 10/9/13. According to the 9/24/13 medical report from [REDACTED], the patient presents with 9/10 low back pain. [REDACTED] does not list diagnoses on the 9/24/13 report. The plan was to continue with the medications. On 10/22/13, [REDACTED] UR recommended non-certification for use of Norco, Tramadol ER, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 60 Norco 2.5mg/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The patient presents with chronic low back pain. The medical records available state "medications help" but do not detail how medications are helping. MTUS Guidelines states a satisfactory response, would be a decreased in the patient's pain levels, or

improved function, or improved quality of life. MTUS Guidelines on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," There is no documented functional improvement, and there is no documented evidence of a "satisfactory response". MTUS Guidelines does not recommend continuing treatment if there is not a satisfactory response.

request for 30 Ultram ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9..

Decision rationale: The patient presents with chronic low back pain. The medical records available state "medications help" but do not detail how medications are helping. MTUS Guidelines states a satisfactory response, would be a decreased in the patient's pain levels, or improved function, or improved quality of life. MTUS Guidelines on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," There is no documented functional improvement, and there is no documented evidence of a "satisfactory response". MTUS Guidelines do not recommend continuing treatment if there is not a satisfactory response.

request for 60 Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The patient presents with chronic low back pain. The records show the patient has been using Flexeril since before 6/26/13. MTUS guidelines specifically state this medication is not to be used over 3-weeks. The request for continued use of Flexeril over 3-months exceeds the MTUS recommended duration. The request is therefore non certified.