

Case Number:	CM13-0058522		
Date Assigned:	12/30/2013	Date of Injury:	10/20/2009
Decision Date:	04/04/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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, has a subspecialty in Pain Medicine, 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 is a 40-year-old male who reported injury on 10/20/09. The patient was manually loading pretzels into a trailer, stacking boxes that weighed approximately 11 pounds each; while performing the repetitive motion of the bending at the waist to grab boxes from the floor, the patient heard a pop in the lumbar spine. The patient was treated with acupuncture and physical therapy. The medication history revealed the patient had been on NSAIDs and opioids since March 2012. The physical examination revealed the patient had lumbar spine tenderness with muscle spasms at L1-5. The patient's diagnoses were noted to include cervical sprain/strain and status post lumbar discectomy with residuals.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Vicodin ES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient had been on opiate therapy for greater than one year. There was a lack of documentation indicating the patient had objective improvement in function, as well as objective decrease in the VAS score. The patient was noted to be monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of the patient's side effects from the medication. The request as submitted failed to indicate the strength and the quantity of medication being requested. Given the above, the request for Vicodin ES is not medically necessary.

Flexeril 10mg: Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that muscle relaxants are appropriate treatment when prescribed as a second-line option for short-term acute exacerbations of low back pain. The treatment duration is less than three weeks. There should be documentation of objective functional improvement with the medication. The clinical documentation submitted for review failed to provide documentation indicating the duration that the patient was on the medication. The patient was noted to have lumbar spine spasms upon examination. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Flexeril 10mg is not medically necessary.