

Case Number:	CM13-0064931		
Date Assigned:	01/03/2014	Date of Injury:	03/28/2002
Decision Date:	04/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old male who reported an injury on 03/28/2002. The mechanism of injury was not specifically stated. The patient is diagnosed with low back pain, lumbar and sacral osteoarthritis, sacral radiculitis, ankle pain, osteoarthritis, lumbosacral radiculopathy, facet syndrome, chronic pain, reflex sympathetic dystrophy, knee joint pain, and knee osteoarthritis. The patient was seen by [REDACTED] on 11/14/2013. The patient reported 7/10 pain in the lower back and left knee. Physical examination revealed painful range of motion of the lumbar spine, positive straight leg raising, and intact sensation. The treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE HYDROCODONE (NORCO) 10/325MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines, May 2009

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

RETROSPECTIVE CYCLOBENZAPRINE (FLEXERIL) 7.5MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines, May 2009

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. There was no documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.