

Case Number:	CM14-0001716		
Date Assigned:	01/22/2014	Date of Injury:	07/11/2011
Decision Date:	08/28/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational Medicine 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic low back and foot pain reportedly associated with an industrial injury of July 11, 2011. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscles relaxants; and extensive periods of time off of work. In a utilization review report dated December 20, 2013, the claims administrator failed to approve request for Flexeril and Anexsia. The patient's attorney subsequently appealed. In a progress note dated December 4, 2013, the patient was placed off of work, on total temporary disability. The patient was using Anexsia and Flexeril, for ongoing complaints of severe low back pain, foot pain, and muscles spasms. The patient exhibited limited range of motion about the lumbar spine. The patient then stated that the medications were diminishing the pain levels from 8 to 4/10. Despite the reduction in pain level, the patient was nevertheless placed off of work. The patient was pending a medical-legal evaluation, it was noted. Both Anexsia and Flexeril were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, additional cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is concurrently using other medications, including Anexsia, an opioid agent. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

ANEXSIA 7.5- 325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is on total temporary disability. While the applicant has reported some reduction in pain levels from 8/10 to 4/10 with ongoing medication usage, including ongoing Anexsia usage, the attending provider has not described any improvements in function achieved as a result of ongoing Anexsia usage. There is no mention of how (or if) ongoing usage of Anexsia has ameliorated the applicant's ability to perform activities of daily living. Therefore, the request is not medically necessary.