

Case Number:	CM14-0004588		
Date Assigned:	02/05/2014	Date of Injury:	07/06/2010
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in 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 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 57 year old female who reported an injury on 07/06/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back and right knee. The injured worker treatment history included medications and surgical intervention in 1980. The injured worker was evaluated on 12/10/2013. It was documented that the injured worker had persistent pain complaints of the low back and right knee. Objective findings included decreased range of motion of the low back and right knee secondary to pain. The injured worker's medications included Norco 10/325 mg, Ultracet 37.5/325 mg, Flexeril 10 mg, and Lexapro 10 mg. The injured worker's diagnoses included degenerative disc disease, right knee tricompartmental degenerative condition, and left knee pain. The injured worker's treatment plan included a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FLEXERIL 10MG TABLETS, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN), 64-66

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

Decision rationale: The MTUS Chronic Pain Guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by a documentation of functional benefit, managed side effects, evidence that the injured worker is monitored for aberrant behavior, and a quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any efficacy of this medication as there is no quantitative assessment of pain relief or documented functional benefit. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. As such, the requested prescription of Ultracet 37.5/325 mg, #120 is not medically necessary or appropriate. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the request is not medically necessary and appropriate.

PRESCRIPTION OF ULTRACET 37.5/325MG TABLETS, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 93-94, 113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by a documentation of functional benefit, managed side effects, evidence that the injured worker is monitored for aberrant behavior, and a quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any efficacy of this medication as there is no quantitative assessment of pain relief or documented functional benefit. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. As such, the requested prescription of Ultracet 37.5/325 mg, #120 is not medically necessary or appropriate. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the request is not medically necessary and appropriate.