

Case Number:	CM14-0004680		
Date Assigned:	01/22/2014	Date of Injury:	01/17/2003
Decision Date:	06/10/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 male with a date of injury of 1/17/03. The injured worker had right L5-S1 discectomy and foraminotomy on 12/4/03. According to the clinical note dated 5/15/13, the injured worker had right positive straight leg raise at 80 degrees. According to the clinical note dated 12/19/13, the injured worker continued to complain of pain and discomfort in the right hip, buttock, and right leg, with a positive straight leg raise at 70 degrees. The injured worker's diagnoses included sciatica, lumbosacral degenerative disk disease, and radiculopathy in the lumbar spine and leg. The injured worker's medication regimen included Lortab, Flexeril, Soma, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF LORTAB 7.5MG, #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-77.

Decision rationale: The California MTUS guidelines recommend that the lowest possible dose of opioids should be prescribed to improve pain and function. The continued use of opioids should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical documentation provided for review the injured worker has been utilizing Lortab since 2003. The clinical information provided lacks documentation of increased functional ability related to the use of Lortab. In addition, the guidelines recommend the use of drug screening of inpatient treatment with issues of abuse, addiction, or poor pain control. The documentation provided for review lacks information regarding the use of drug screening. In addition, the provided documentation lacks clear documentation of functional deficits. As such, the request is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FLEXERIL 10MG, #100 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS guidelines recommend Flexeril for a short course of therapy as the effect is greatest in the first four days of treatment. According to the documentation provided, the injured worker has been utilizing Flexeril since 2003, which greatly exceeds guideline recommendations. In addition, there is a lack of documentation regarding an increase in function related to the use of Flexeril. Furthermore, the clinical information provided for review lacks clear documentation of the injured worker's functional deficits. As such, the request is not medically necessary.