

Case Number:	CM14-0107181		
Date Assigned:	08/01/2014	Date of Injury:	02/21/2000
Decision Date:	09/30/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 56 year old male who reported an injury to his back, neck, and right shoulder. The clinical note dated 11/04/13 indicates the injured worker demonstrating range of motion deficits throughout the cervical and lumbar spines. The note indicates the injured worker utilizing Norco, Soma, and Celebrex for ongoing pain relief. The utilization review dated 11/08/13 resulted in modified certifications for the use of Soma. The clinical note dated 01/14/13 indicates the injured worker rating his low back pain as 3/10. Tenderness was identified in the perithoracic region. Tenderness was also identified at the T8 through T10 levels. The clinical note dated 04/23/14 indicates the injured worker continuing with thoracic region pain that was rated as 5/10. The injured worker also reported right shoulder pain that was rated as 2/10. The injured worker continued with range of motion deficits throughout the thoracolumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) and Muscle relaxants (for pain).

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

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, this medication is not medically necessary at this time.

Norco 10/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, therefore this request is not medically necessary.