

Case Number:	CM14-0010986		
Date Assigned:	02/21/2014	Date of Injury:	05/18/2011
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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, has a subspecialty in Sports Medicine, 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 58-year-old male who reported an injury on May 18, 2011 due to an unknown mechanism. The clinical note dated December 16, 2013 presented the injured worker with neck and low back pain. The injured worker's physical exam revealed tenderness upon palpation to the lumbar and cervical, pain on range of motion for the left shoulder, and the neuro exam of the upper extremities and lower extremities was within normal limits. The injured worker was diagnosed with a sprain of neck, sprain of the lumbar region, and a sprained rotator cuff. The provider recommended Flexeril 7.5 mg with a quantity of 90, Norco 5/325 mg with a quantity of 60 and Ultram 50 mg with a quantity of 60. The Request for Authorization Form was dated January 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #90 WITH 2 REFILLS: 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, CYCLOBENZAPRINE (FLEXERIL),

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) and pain and overall improvement of efficacy appears to diminish over time and with the use of some medications in this class may lead to dependence. The documentation lacked evidence of a complete and accurate pain assessment. The request for Flexeril with two refills exceeds the Guideline recommendation of short-term therapy. The request for Flexeril 7.5mg, ninety count with two refills, is not medically necessary or appropriate.

NORCO 5/325MG #60 WITH 2 REFILLS: 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,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the ongoing management of chronic low back. The ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The request for Norco 5/325mg, sixty count with two refills, is not medically necessary or appropriate.

ULTRAM 50MG #60 WITH 2 REFILLS: 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,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend Ultram as a first line oral analgesic. The ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. There is also a lack of complete and adequate pain assessment. The request for Ultram 50mg, sixty count with two refills, is not medically necessary or appropriate.