

Case Number:	CM14-0014185		
Date Assigned:	02/26/2014	Date of Injury:	01/16/2006
Decision Date:	07/22/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 Minnesota. 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 male with a reported injury on 01/16/2006. The injured worker's date of birth was not provided within the clinical documentation. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/07/2014 reported that the injured worker complained of pain to the lumbosacral area with bilateral lower extremity pain intermittently, usually at night. The physical examination of the injured worker revealed limited range of motion to the lumbar spine, demonstrating flexion to 40 degrees. The injured worker's prescribed medication list included Vicodin and Flexeril. The injured worker's diagnoses were not provided within the clinical notes. The request for authorization was submitted 01/30/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 10/325MG, #90 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids, criteria for use Page(s): 51, 78.

Decision rationale: The injured worker complained of lumbosacral pain. The treating physician's rationale for Vicodin was not provided within the clinical notes. The CA MTUS guidelines state hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of Vicodin as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. In addition, the request for 4 refills is excessive for concurrent medical treatment. As such, the request is non-certified.

FLEXERIL 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The injured worker complained of lumbosacral pain. The treating physician's rationale for Flexeril was not provided within the clinical notes. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided documenting the efficacy of Flexeril as evidenced by decreased pain, decreased muscle spasms, and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency and quantity of the medication being requested. In addition, there is a lack of clinical information provided indicating how long the injured worker has used Flexeril, the guidelines recommend Flexeril as a short course of therapy. As such, the request is non-certified.