MAXIMUS Federal Services

Case Number:	CM14-0014276		
Date Assigned:	02/26/2014	Date of Injury:	02/04/2010
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
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 Neurological Surgery 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 records presented for review note that this is a 44-year-old individual who sustained an injury in February 2010. Imaging studies the right foot noted and Achilles spur at the calcaneal attachment. An MRI of the left foot was reported as normal. No specific findings are noted relative to the right ankle. The reported mechanism of injury is a fall from a chair. A twisting injury to the lower extremities noted. There no significant findings identified on physical examination. Manual muscle testing is reported to be 4/5. With time, it appears the injuries better to include the lumbar spine. Transforaminal epidural steroid injections for the lumbar spine were completed. Multiple medications prescribed. A repeat MRI of the left ankle was completed in April 2013. A cortical irregularity and bone spur is noted. A course of physical therapy is noted. A decrease in ankle range of motion is reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 21.

Decision rationale: The guidelines indicate that this is a nonselective, non-steroidal anti-inflammatory that has indication for the treatment of chronic low back pain and inflammatory conditions. When noting the date of injury, the injury sustained, and that there is no competent clinical evaluation completed explaining the clinical indication for this medication, there is insufficient data presented to support this request. It is not clear if we are addressing the ankle injury, the reported knee injury, or the low back injury. Therefore, this is not clinically indicated.

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT (FOR PAIN) Page(s): 64-66.

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

Decision rationale: The injury was noted as a fall from a chair resulting in a sprained ankle. A component of low back pain was noted. However, there are no current progress notes or clinical assessment indicating any type of muscle issue requiring a muscle relaxant medication. Beyond that, the use of this type of medication is indicated for short-term use only. There is no data presented to suggest a need for a chronic, indefinite utilization of muscle relaxant medication. Therefore, based on the data presented, there is insufficient information presented to support this request. With this, the request is not medically necessary.