

Case Number:	CM14-0016159		
Date Assigned:	03/05/2014	Date of Injury:	04/30/2003
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/08/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 indicate a diagnosis of lumbago. The mechanism of injury was noted as a fall from a ladder and multiple injuries were sustained on 04/30/2003. A limited certification was outlined to allow for a weaning protocol. The January 2014 progress note noted this 5'9", 130 pound individual to be normotensive. The physical examination noted no overt findings and a full range of motion a lumbar spine. The clinical assessment was low back pain. Previous clinical assessments were essentially unchanged from the above-noted evaluation. The treating provider has requested Fiorinal #3 #120 with 4 refills, Vicodin 7.5/500mg #100 with 4 refills, and Soma 350mg #100 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORINAL #3 #120 WITH 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines CA MTUS 9792.24.2 Chronic Pain Medical Treatment Guide.

Decision rationale: There is insufficient clinical data presented to support the continued use of this analgesic preparation. The multiple physical assessments completed over the last 6 months did not note any change, improvement, or significant relief from this medication. Furthermore, there is no data suggesting the parameters for chronic pain management are being followed. As such, there is insufficient clinical information presented to support this request. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

VICODIN 7.5/500MG #100 WITH 4 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines CA MTUS 9792.24.2 Chronic Pain Medical Treatment Guide.

Decision rationale: There is insufficient clinical data presented to support the continued use of this analgesic preparation. The multiple physical assessments completed over the last 6 months did not note any change, improvement, or significant relief from this medication. Furthermore, there is no data suggesting the parameters for chronic pain management are being followed. As such, there is insufficient clinical information presented to support this request. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

SOMA 350MG #100 WITH 4 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 AND ACOEM, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); (ODG) Formulary, chronic pain, updated April 10, 2014

Decision rationale: The use of this medication is limited to acute applications alone. The physical examination does not support the need for a chronic muscle relaxant and particularly one as fraught with complications as this medication. The literature relays this medication is not indicated for long-term use. As such, this medication needs to be discontinued. Medical necessity for the requested item has not been established. The requested item is not medically necessary.