

Case Number:	CM14-0017636		
Date Assigned:	04/16/2014	Date of Injury:	10/22/1999
Decision Date:	06/03/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/12/2014

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, Pain Medicine, and is licensed to practice in Florida. 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 66-year-old female who reported an injury on 10/22/1999 secondary to unknown mechanism of injury. The diagnoses include degenerative disc disease of the cervical spine and low back surgery in 1999. The injured worker was evaluated on 12/31/2013 for medication refills. The exam noted no subjective complaints. The exam also noted reports of pain with cervical extension and flexion and positive straight leg raise test. The treatment plan indicates continued medication therapy. The request for authorization is dated 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500 MG QTY:600.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-84.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of opioids for on-going management of chronic pain. The MTUS guidelines also state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The documentation provided shows no monitoring

for aberrant drug taking behaviors, assessment of level of pain relief, functional status or side effects. Furthermore, the request for a quantity of 600 is excessive. Although the request is for the proper quantity for a five month supply, there should be evidence of ongoing review and documentation of the efficacy of the medication every three months. Therefore, based on the documentation provided, the request is non-certified.

NABUMETONE 500MG QTY:780.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs). Page(s): 67-73.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state nabumetone is recommended as an option for short-term symptomatic relief of pain associated with osteoarthritis. In this case, there is no evidence in the documentation provided of a diagnosis of osteoarthritis. Therefore, based on the documentation provided, the request is non-certified.

METHOCARBAMOL 500MG QTY: 480.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants as a second-line short term treatment for exacerbations of chronic low back pain. The injured worker has been prescribed methocarbamol since at least 12/11/2012. This exceeds the time for short-term use. Therefore, based on the documentation provided, the request is non-certified.

FLEXERIL 10MG QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants as a second-line short term treatment for exacerbations of chronic low back pain. In this case, the injured worker has been prescribed Flexeril since at

least 12/11/2012. This exceeds the time for short-term use. Therefore, based on the documentation provided, the request is non-certified.