

Case Number:	CM14-0018229		
Date Assigned:	04/21/2014	Date of Injury:	08/26/2009
Decision Date:	07/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/13/2014

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 Family Practice 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 43-year-old female who reported an injury on 08/26/2009. The mechanism of injury was not stated. The current diagnoses include lumbago, right leg sciatica, and L4-5 grade 1 spondylolisthesis. The injured worker was evaluated on 01/13/2014. The injured worker reported persistent lower back pain with right leg sciatica. The injured worker reported substantial improvement following aquatic therapy. Physical examination revealed slight tenderness in the right lower lumbar spine, tenderness in the right sciatic notch, limited lumbar range of motion, hyperesthesia in the L5 distribution of the right lower extremity, 5/5 motor strength, negative straight leg raising, and 2+ deep tendon reflexes. The treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF NORCO 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 07/2013. There is no objective evidence of functional improvement. There is also no frequency listed in the current request. Therefore, the request for one prescription of Norco 10/32mg, #120 is non-certified.

ONE (1) PRESCRIPTION OF ROBAXIN 750MG, #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has utilized Robaxin 750 mg since 07/2013. There was no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. Therefore, the request for one prescription of Robaxin 750mg, #60 is non-certified.