

Case Number:	CM14-0019393		
Date Assigned:	06/11/2014	Date of Injury:	05/15/2010
Decision Date:	08/11/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and New York. 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 60 year old male injured on 05/15/10 due to undisclosed mechanism of injury. Current diagnoses included large lumbar disc herniation with discopathy at L3-4 with lumbar radiculopathy. Clinical note dated 12/13/13 indicated the injured worker presented complaining of constant sharp pain in the mid low back radiating down the left lower extremity with associated numbness rated at 8/10. The injured worker also complained of chronic headaches and nausea associated with pain. Physical examination revealed antalgic gait, moderate tenderness in the lumbar spine with decreased range of motion, weakness to resistance with flexion/extension, and great toe extension and dorsiflexion consistent with L3-4-5 radiculopathy. Current list of medications was not provided for review. The initial request for Flexeril and Fiorinal was non-certified on 01/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. A dose, frequency, and number of refills was not provided with the request limiting the ability to review it's medicaly necessity. As such, the medical necessity of Flexeril cannot be established at this time.

FIORINAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BARBITURATE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: As noted on page 23 of the Chronic Pain Medical Treatment Guidelines, use of Fiorinal, a barbiturate-containing analgesic, is not recommended for treatment of chronic pain. A dose, frequency and number of refills was not provided with the request limiting the ability to review it's medicaly necessity. As such, the medical necessity of Fiorinal cannot be established at this time.