

Case Number:	CM14-0110734		
Date Assigned:	08/01/2014	Date of Injury:	09/13/1999
Decision Date:	09/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/13/2014

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 Anesthesiology, has a subspecialty in 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 56-year-old female who reported an injury on 09/13/1999. The mechanism of injury was not specifically stated. The current diagnoses include postsurgical lumbar spine, lumbar radiculopathy, and myofascial pain with spasm in the paralumbar musculature. The injured worker was evaluated on 06/03/2014 with complaints of persistent lower back pain with right lower extremity radiation. The current medication regimen includes Lyric, Mobic, Lunesta, Prilosec, Norco, and MS Contin. Physical examination revealed significant pain in the lower back during palpation, positive straight leg raising along the S1 distribution, and limited range of motion in all planes. Treatment recommendations at that time included continuation of the current medication regimen. It is noted that the injured worker underwent a urine drug screen on 04/22/2014, which indicated consistent results. A Request for Authorization form was then submitted on 06/03/2014 for MS Contin 15 mg, Norco 5/325 mg, Lyrica 150 mg, Flexeril 5 mg, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

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

Decision rationale: 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 continuously utilized this medication since 02/2014. There is no documentation of objective functional improvement. The injured worker continues to report persistent lower back pain with radiation into the lower extremities. There is also no frequency listed in the request. As such, the request is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

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

Decision rationale: 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 continuously utilized this medication since 02/2014. There is no documentation of objective functional improvement. The injured worker continues to report persistent lower back pain with radiation into the lower extremities. There is also no frequency listed in the request. As such, the request is not medically necessary.

Flexeril 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the request. As such, the request is not medically necessary.