

Case Number:	CM14-0128820		
Date Assigned:	08/18/2014	Date of Injury:	09/21/2009
Decision Date:	09/18/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 California. 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 34 year old male injured on 09/21/09 due to an undisclosed mechanism of injury. Diagnoses included cervical disc protrusion, circumferential disc bulge of the lumbar spine, left sided L5 lumbar radiculopathy, left lumbar radiculitis, cervicogenic headache, left AC joint arthritis, and chronic myofascial pain syndrome. The clinical note dated 07/29/14 indicated the injured worker presented complaining of severe constant neck and low back pain radiating to the left upper extremity with associated tingling, numbness, and paresthesia. The injured worker reported decline of medications from pharmacy resulted in pain scores of 7-8/10 on VAS. The documentation indicated the injured worker working full time as a construction supervisor. Physical assessment revealed range of motion of the cervical and lumbar spine restricted, diminished sensation to light touch in the left upper extremity, loss of normal lordotic curve of cervical spine, and increased lumbar lordosis, paravertebral muscle spasm, and localized tenderness present in lower cervical and lumbar spine area, bilateral shoulder elevation is 100-110 degrees, and bilateral sitting straight leg raise is 60-70 degrees, manual motor strength 5/5. Treatment plan included initiation of Flexeril 10-15mg every night, continuation of Neurontin 600mg twice a day, and initiation of Tylenol #3 three times a day for breakthrough pain. The documentation dated 06/05/14 indicated the injured worker utilizing Flexeril, Relafen, Prilosec, Neurontin and over the counter Tylenol. The initial request for Flexeril 10-15mg, quantity unknown and Tylenol #3, quantity unknown was initially non-certified on 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10-15mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Further, the request failed to supply the frequency, amount, and number of refills to be provided. As such, the medical necessity of Flexeril 10-15mg (quantity unknown) cannot be established at this time. Therefore, this request is not medically necessary.

Tylenol No.3 (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol with codeine Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The request failed to supply the frequency, amount, and number of refills to be provided. As such, the medical necessity of Tylenol No.3 (quantity unknown) cannot be established at this time. Therefore, this request is not medically necessary.