

Case Number:	CM14-0129726		
Date Assigned:	08/20/2014	Date of Injury:	02/12/2003
Decision Date:	10/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 was reportedly injured on February 12, 2003. The most recent progress note dated June 10, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation, and altered gait pattern a limitation range of motion. Diagnostic imaging studies were not reviewed. Previous treatment includes medications, injection therapy, physical therapy, and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on July 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 WITH 2 REFILLS: 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): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function,

as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic low back pain. Review of the available medical records fails to documents any objective or clinical improvement in the reduction of pain or increase in overall functionality with the current regimen. As such, there is no noted efficacy or utility with this medication, as such this request is not considered medically necessary.

FLEXERIL 10MG #60: 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): 41,64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. There are no long-term studies supporting the use and this is not indicated for chronic or indefinite use. Furthermore, when noting the physical examination reported there is no clear indication of any efficacy or utility with the use of this medication. Given the injured worker's date of injury and the current clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.