

Case Number:	CM14-0156963		
Date Assigned:	09/29/2014	Date of Injury:	07/22/2013
Decision Date:	10/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 Texas and 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 patient is a 48 year old male who was injured on 7/22/2013. The diagnoses are low back and lower extremities pain. The MRI of the lumbar spine showed slight disc bulges at L4-5 and L5-S1. The EMG/NCS showed chronic denervation at S1 dermatome. On 8/27/2014, [REDACTED] noted subjective complaints of continued discomfort of the low back, left hip, and left leg and objective findings of lumbar muscle spasm. There was no sensory or motor deficit. There is a pending consultation with a spine surgeon although the MRI lesion was regarded as non-operative in June, 2014. It was recommended that the patient return to full duty with no restriction of 6/9/2014. A Utilization Review determination was rendered on 9/9/2014 recommending non certification for Flexeril 10mg #100 1 refill, ibuprofen 800mg #100 1 refill and Norco 5/325mg #60 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): Pages 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS Chronic Pain Guidelines and the ODG recommend that the use of muscle relaxant be limited to less than 6 weeks periods during exacerbation of chronic musculoskeletal pain. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other medications. The records indicate that the patient had utilized Flexeril since the injury in 2013. The patient is also utilizing opioids. There are minimal subjective or objective findings indicative of exacerbation of pain. The criteria for the use of Flexeril 10mg #100 were not met.

Ibuprofen 800mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The MTUS Chronic Pain Guidelines and the ODG recommend that NSAIDs can be utilized for the treatment of exacerbation of chronic musculoskeletal pain. The chronic use of NSAIDs is associated with cardiovascular, renal and gastrointestinal complications. The records indicate that the patient did not report any complication from the use of ibuprofen. The ibuprofen is effective for pain relief and functional restoration. The criteria for the use of ibuprofen 800mg #100 were met.

Norco 5/325mg #60: 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): Pages 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The MTUS Chronic Pain Guidelines and the ODG recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to NSAIDs and PT. The records indicate that the patient did not have subjective or objective findings consistent with exacerbation of musculoskeletal pain. The pain was described as a discomfort. There was no quantification of the pain score. The patient was advised to return to work with no restriction in June, 2014. There is no compliance or UDS monitoring. The criteria for the use of Norco 5/325mg #60 were not met.