

Case Number:	CM14-0157626		
Date Assigned:	10/06/2014	Date of Injury:	04/04/2007
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
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 Occupational 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:

This patient is a 43 y/o male who developed chronic cervical, lumbar and knee pain subsequent to a crush injury on 4/4/07. He has been treated with cervical fusion surgery and continues to have chronic cervical and low back pain with radiation toward the extremities. He is currently treated with oral analgesics which include Norco 10/325 #6 per day and Flexeril 10mg BID. There is no specific documentation of pain relief or functional benefits from the Opioid medication. A recent AME evaluator opinioned that the Opioids were not beneficial enough to justify ongoing use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80..

Decision rationale: MTUS Guidelines supports the judicious use of Opioid medications if there is close monitoring and specific details the document meaningful pain relief and functional improvements. Guidelines recommend discontinued use if these conditions are not met. There

is no documentation of pain relief and no documentation or evidence of functional improvements as a result of use. Under these circumstances the ongoing use of Opioids is not supported by Guidelines. There are no unusual circumstances to justify and exception to Guideline recommendations. The Norco 10/325 #180 is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines do not recommend the long-term use of muscle relaxants. In particular, the use of Flexeril is not recommended for longer than 2-3 weeks. There is no documentation that it is only utilized short term for distinct flare-ups. There are no unusual circumstances that would justify an exception to Guideline recommendations. Under these conditions, the Flexeril 10mg. #60 is not medically necessary.

Toradol 60mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol). Decision based on Non-MTUS Citation Official Disability Guidelines, Ketorolac (Toradol)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Ketorolac Page(s): 72.

Decision rationale: MTUS Guidelines do not recommend the use of Ketorolac (Toradol) for chronically painful conditions. Single use may be reasonable for a distinct flare-up that is expected to improve in the short term; however these circumstances are not documented to be present. No distinct flare-up is documented and no natural improvement is expected in the near future. The Toradol 10mg is not Guideline supported in these circumstances and was not medically necessary.