

Case Number:	CM14-0174182		
Date Assigned:	10/24/2014	Date of Injury:	08/08/2013
Decision Date:	12/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/20/2014

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:

Patient is a 44 year-old female with date of injury 08/08/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/05/2014, lists subjective complaints as neck and low back pain with radicular symptoms to all extremities. Objective findings: Examination of the cervical spine revealed tenderness to palpation about the paraspinal muscles. Range of motion was full with no restrictions. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles and mild spasm. Tenderness was also noted about the sacroiliac joint. Patient had full range of motion with no restrictions. Sensory and motor examination was intact. Diagnosis: 1. Right sided neck pain with radiation to the upper thoracic spine and left lateral arm 2. Degenerative disc disease, lumbar 3. Left sided back pain with radiation to the left lateral leg. The medical records supplied for review document that the patient has been taking Flexeril for at least as far back as three months and Norco for as far back as nine months. Medications: 1. Norco 7.5mg, #60 SIG: One Po 4-6h Prn 2. Flexeril 10mg sig: tid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 9 months. Norco 7.5mg #60 is not medically necessary.

Flexeril 10mg: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for at least 6 months, long past the 2-3 weeks recommended by the MTUS. Flexeril 10mg is not medically necessary.