

Case Number:	CM14-0021700		
Date Assigned:	05/05/2014	Date of Injury:	01/06/1999
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 74 year old male injured on 01/06/99 when he was involved in a motor vehicle collision. Current diagnoses include cervical spine strain/sprain superimposed over mild degenerative changes, lumbar sprain/strain superimposed over mild arthritic changes of the facet joints. The injured worker received physical therapy and medication management. The clinical note dated 01/13/14 indicates the injured worker presented complaining of low back pain with spasms with radiation to the bilateral lower extremities. The injured worker rated his pain at 9/10. The injured worker also complained of neck pain radiating to the shoulders rated at 9/10. The injured worker was treated with Naproxen and physical therapy. Physical assessment revealed tenderness in cervical paraspinals and bilateral trapezii with spasm, decreased cervical range of motion, significant crepitus on movement in the cervical spine, tenderness with spasms in the lower lumbar musculature bilaterally, decreased lumbar range of motion, deep tendon reflexes are present and equal in the bilateral lower extremities, diffused sensory deficit in the bilateral lower extremities. The documentation indicates the injured worker has acute flare of low back and neck pain which responds to short courses of physical therapy. The clinical note dated 01/04/13 indicates the injured worker presented complaining of residual neck and back pain following 8 sessions of physical therapy with improvement in pain level and functional activity level. Physical assessment reveals tenderness to the lower lumbar region with decreased lumbar range of motion. The documentation indicates the injured worker is currently taking Flexeril and Naproxen. The initial request for Vicodin 5/300mg #60 with 2 refills and Flexeril 10mg #90 with 3 refills was initially non-certified on 02/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/300MG #60 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, criteria for use 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. Documentation indicates medication and physical therapy have improved his functional capacity and activities of daily living. Discontinuation of low dose medication at this point could be detrimental to the injured worker's health. It is important to weigh the injured worker's age versus long term medication use and implications of potential for withdrawal symptoms. As such, the request for Vicodin 5/300mg #60 with 2 refills is medically necessary.

FLEXERIL 10MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41, 63.

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. As such, the medical necessity of Flexeril 10mg #90 with 3 refills cannot be established at this time. Therefore, the request is not medically necessary.