

Case Number:	CM14-0022899		
Date Assigned:	06/11/2014	Date of Injury:	07/31/1995
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 64 year old female injured on 07/31/1995 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documents provided. There were no clinical records submitted for review limiting the ability to substantiate the medical necessity of the requested medication. The letter from the treating medical professional indicated the injured worker utilizes Norco and Methadone to have a productive life and enjoy many positive events. It was also noted the injured worker utilized Flexeril for chronic muscle spasm. The initial request for Norco 10/325mg #60 one by mouth every six hours, Flexeril 10mg #60 one by mouth every twelve hours, and Methadone 10mg #120 two by mouth every 12 hours were denied on 01/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #60 1 PO Q6 HRS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There were no clinical records submitted for review limiting the ability to substantiate the medical necessity of the requested medication. The letter of by the treating medical professional indicated the injured worker utilizes the medication to have a productive life and enjoy many positive events. Without additional documentation to support the requested medication, the medical necessity of Norco 10/325mg #60 one by mouth every six hours cannot be established at this time.

FLEXERIL 10MG #60 1 PO Q12 HRS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

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

Decision rationale: 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. There were no clinical records submitted for review limiting the ability to substantiate the medical necessity of the requested medication. The letter of by the treating medical professional indicated the injured worker utilizes the medication for chronic muscle spasm. However, without additional documentation to support the requested medication, the medical necessity of Flexeril 10mg #60 one by mouth every 12 hours cannot be established at this time.

METHADONE 10 MG #120 2 PO Q12 HRS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There were no clinical records submitted for review limiting the ability to substantiate the medical necessity of the requested medication. The letter by the treating medical professional indicated the injured worker utilizes the medication to have a productive life and enjoy many positive events. Without additional documentation to support the requested medication, the medical necessity of Methadone 10mg #120 two by mouth every twelve hours cannot be established at this time.