MAXIMUS Federal Services

Case Number:	CM14-0027983		
Date Assigned:	06/16/2014	Date of Injury:	04/23/2007
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/05/2014

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 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:

The records presented for review, indicate that this 63-year-old gentleman, was reportedly injured on April 23, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 28, 2014, indicated that there were ongoing complaints of neck pain, low back pain and leg pain. There were subjective references to a functional improvement with the pain medication protocol outlined, but there is no objective data presented to support these statements. The physical examination demonstrated tenderness over the cervical facet joints, tenderness over the bilateral lumbar facet joints and a positive straight leg raise. Diagnostic imaging studies are not addressed in the progress notes reviewed. Previous treatment includes surgical intervention, physical therapy and multiple medications. A request had been made for the medications Nucynta and Flexeril and was not certified in the pre-authorization process on February 22, 2014. The noncertification identified that there has been a negative urine drug screen subsequent to August 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA IR 50MG #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) formulary chapter, updated June 2014.

Decision rationale: This is an individual who is noted to have a long term chronic pain situation. Other medications (opioid) are being used to address the chronic pain. This specific formulation is indicated for acute pain, which is not the case as outlined in the progress notes presented. As outlined in the ODG (MTUS does not address), this medication can be recommended as a second line of therapy. However, when noting the use of the same medication that had been recently indicated and necessary, there is no data presented to suggest the need to have 2 separate prescriptions for the same drug (1 IR and 1 ER). Therefore, based on the medical records presented for review, this is not medically necessary.

FLEXERIL 10MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

Decision rationale: The CA MTUS supports the use of skeletal muscle relaxants for the short term treatment of pain but advises against long term use. Given the claimant's date of injury and the current clinical presentation, the guidelines do not support this request for chronic pain. Furthermore, there is no objectification of any significant improvement in functionality, reduction in symptomatology or changes in physical examination. As such, this is not medically necessary.