

Case Number:	CM14-0028642		
Date Assigned:	07/23/2014	Date of Injury:	04/23/2011
Decision Date:	08/27/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/06/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 is a 56 year old male who sustained a work related injury on 4/23/2011 as result of when he fell into a hole while working, injuring his lumbar spine and left shoulder. Per the PR-2 dated Feb 11, 2014, the patient reported experiencing low back pain that radiates down his left leg which affects his walking at times. On physical examination he has tenderness upon palpation L4-5 with pain along the paraspinal musculature and the L4-5 facets with noted decreased flexion and extension range of motion. He has a positive sitting straight leg raise on the right. His left shoulder examination is noted to have tenderness over the acromioclavicular joint (A.C.) joint with clear signs of impingement. A subacromial bursitis and painful limited range of motion is noted. The patient has undergone Physical Therapy, Chiropractic, Massage and transcutaneous electric nerve stimulation (TENS) unit use and had Epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 2.5-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 88, 91.

Decision rationale: The patient has been on opioid pain medication since 2011, per the Utilization review dated Feb 28, 2014, with little change in pain intensity, presentation, or improvement in functionality. As a result, the continued use of the requested medication is not medically necessary.

FEXMID 7.5 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 41-42, 64.

Decision rationale: According to the medical records provided for review, the patient has been continually utilizing this medication since April, 2012. Continued, long-term use is not supported by the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.