

Case Number:	CM14-0030724		
Date Assigned:	06/20/2014	Date of Injury:	01/07/1954
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 60 year-old male. The patient's date of injury is 01/07/2009. The mechanism of injury is unclear according to the clinical documents. The patient has been diagnosed with low back pain, L4-L5 disk herniation, upper leg pain, and eye pain. The patient's treatments have included medications, chiropractors, and imaging studies. The physical exam findings show the patient alert and in mild discomfort. Mild lumbar area tenderness is noted. The patient is able to flex to forward to 90 degrees and extend to 30 degrees; side-bending and rotation are noted as normal. The patient's medications have included, but are not limited to, Meloxicam, Cyclobenzaprine, and Hydrocodone. The request is for Meloxicam, Cyclobenzaprine, and Hydrocodone. It is unclear in the clinical documents, when these medications were started and what the results and outcomes are. It is only stated the patient continues on these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 10/325mg (quantity unspecified) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lortab, unspecified amount. According to the information given the request is not complete at this time. There must be a quantity of medications included with instruction on how often to take the medications. According to the clinical documentation provided and current MTUS guidelines; the request as it stands is not indicated as a medical necessity to the patient at this time.

Meloxicam 15mg (quantity unspecified) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Meloxicam, unspecified amount. According to the information given the request is not complete at this time. There must be a quantity of medications included with instruction on how often to take the medications. According to the clinical documentation provided and current MTUS guidelines; the request as it stands is not indicated as a medical necessity to the patient at this time.

Cyclobenzaprine 10mg (quantity unspecified) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63-66.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Cyclobenzaprine, unspecified amount. According to the information given the request is not complete at this time. There must be a quantity of medications included with instruction on how often to take the medications. According to the clinical documentation provided and current MTUS guidelines; the request as it stands is not indicated as a medical necessity to the patient at this time.