

Case Number:	CM14-0031962		
Date Assigned:	06/20/2014	Date of Injury:	11/24/2001
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 63 year old male who sustained injuries to his low back on 11/24/01. Mechanism of injury was not described. Per clinical note dated 05/05/14 the injured worker was status post L4 through S1 fusion with chronic low back pain. He was reported to have a VAS score of 5-6/10. His activity was limited by pain. He underwent medial branch blocks with greater than 50% relief for eight hours. Treatment to date included 14 sessions with acupuncture and six lumbar epidural steroid injections. Per this clinical note the injured worker had been successful in beginning to wean from Norco 10 325. His medications decreased his pain by 60% he was able to walk for an additional 30 minutes. He was recommended to undergo radiofrequency ablation. Utilization review determination dated 12/02/13 non-certified the requests for Norco 10/325 one tab every four hours and cyclobenzaprine 7.5mg #30. 4781

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 Tab Every Four Hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 10/ 325mg one tab every four hours is recommended as medically necessary. The submitted clinical records indicate that the injured worker has previously been recommended to be initiated on a weaning program. Per the clinical note dated 05/05/14, the claimant has begun to be weaned from Duragesic patch and Norco 10/325mg. This note indicates that the claimant has been successful in reducing his reliance on both medications and subsequently he is to be continued on weaning with the current goal of being two tablets of Norco 10 325 per day. As the records indicate that the injured worker has been compliant and the intent is to continue to wean the claimant from this medication the request for continued use is established as medically necessary.

CYCLOBENZAPRINE 7.5 MG Quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant's Page(s): 63-66.

Decision rationale: The submitted clinical records indicate that the injured worker has subjective complaints of lumbar myospasm. However, as of physical examination dated 05/05/14 there are no objective findings of myospasm. Physical examination reports myofascial tenderness only. As such, the continued use of this medication is not established per CA MTUS. Therefore, the request is not medically necessary.