

<b>Case Number:</b>	CM14-0033431		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/03/2008
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 and is licensed to practice in Nevada. 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 69-year-old male who was reportedly injured on April 3, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 25, 2014, indicated that there were ongoing complaints of low back pain. It was reported that the medication currently was requested and taken; however, the back pain worsened requiring increase in the use of the medication Percocet. As many as seven tablets of Percocet per day were taken. The physical examination demonstrated a hypertensive (153/86) individual. Diagnostic imaging studies objectified lumbar disease requiring surgical intervention. Previous treatment included lumbar surgery, postoperative rehabilitation, multiple medications and injections. A request had been made for medications and psychiatric counseling and was not certified in the pre-authorization process on February 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amirix ER 30mg #60:** Upheld

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

**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.

**Decision rationale:** As noted in the most recent progress notes, uses of the medication did not prove effective, as in the increased amounts of narcotic analgesics were required. Furthermore, this medication is indicated for short-term relief, and there is no support for chronic or indefinite use. Therefore, based on the records presented for review this is not medically necessary.

**Pain Management Counseling 1x/wk x 6 wks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004, OMPG, Coronertones of Disability Prevention and Management, ch 5, page 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009),( Opioids) Page(s): 78.

**Decision rationale:** When considering the date of injury, the findings of physical examination, the surgery completed and the medications employed, there was no clinical indication presented for weekly counseling sessions for the pain management. Clearly, there were pain management issues, but the weekly aspect is excessive. Therefore, the medical necessity cannot be gleaned from the medical records for review.