

Case Number:	CM14-0035084		
Date Assigned:	06/23/2014	Date of Injury:	08/17/2007
Decision Date:	07/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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 53 year old male who sustained work related injuries on 08/17/2007. The injury was sustained while moving a copper wire spool, hurting his lower back. The records indicate that the injured worker underwent a course of conservative care. Failing this, he was taken to surgery on 05/16/11 and underwent an L4 through S1 lumbar fusion. Postoperatively the injured worker had 36 sessions of land-based physical therapy and 12 sessions of aquatic therapy. The injured worker continues to have subjective reports of low back pain. On physical examination dated 02/26/14 there is noted to be decreased sensation in the right lower extremity globally, motor strength is graded as 5/5, straight leg raising is negative, and gait is normal. The record does not contain any Controlled Substance Utilization, Review and Evaluation System (CURES) data or urine drug screen results. The record contains a utilization review determination dated 03/13/14 in which requests for Norco 10/325 mg #120 and Flexeril 10 mg #30 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

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

Decision rationale: The request for Norco 10/325 mg #120 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome status post L4-S1 fusion performed on 05/16/11. The records indicate that the injured worker has chronically been maintained on oral medications. However, the record does not contain any Controlled Substance Utilization, Review and Evaluation System (CURES) data or urine drug screen results to establish compliance with the treatment plan. Additionally, the record does not contain any visual analog scale scores or other data from which to assess the efficacy of this medication. As such, the request would not meet Chronic Pain Medical Treatment Guidelines for continued use.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 67.

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

Decision rationale: The request for Flexeril 10 mg #30 is not supported as medically necessary. The submitted clinical records indicate that the claimant has failed back surgery syndrome for which he is chronically maintained on oral medications. The most recent physical examination dated 02/26/14 shows no evidence of myospasm on examination. Given the absence of this finding, the continued use of Flexeril 10 mg would not be supported by Chronic Pain Medical Treatment Guidelines. It is additionally noted that the Chronic Pain Medical Treatment Guidelines does not support the prolonged use of muscle relaxants in the treatment of chronic pain. As such, the medical necessity for continued use is not established.