

Case Number:	CM14-0039802		
Date Assigned:	06/30/2014	Date of Injury:	04/07/1992
Decision Date:	08/20/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 57 year-old female. The patient's date of injury is 04/07/1992. The mechanism of injury was lifting a heavy patient and experienced low back pain. The patient has been diagnosed with chronic lumbar back pain, bilateral lower extremity radiculopathy, thoracic back pain, degenerative lumbar disc disease, acute renal insufficiency, lumbar facet disease and spasms. The patient's treatments have included surgery, physical therapy, and medications. The physical exam findings, dated 12/05/2013 state the patient ambulates with a cane. Her forward flexion is noted at 30 degrees. Her extension is stated as minimal beyond neutral, with lateral bending at 5-10 degrees. Her straight leg test is reported as weakly positive on the left and markedly positive on the right. There is tenderness noted over the paraspinal muscles in the lower lumbar spine. Motor testing is reported as intact. The patient's medications have included, but are not limited to, morphine, percocet, MS contin, flexeril, Vistaril. The request is for Vistaril and Flexeril. It is unclear in the clinical documents exactly when this medication was started, and the outcomes of the specific medications are not mentioned. It is only stated that there are no side effects from current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics.

Decision rationale: The official Disability Guidelines were reviewed in regards to this request, and the clinical documents provided were reviewed. Guidelines state the following: Not recommended for nausea and vomiting secondary to chronic opioid use. According to the clinical documentation provided and current guidelines; Vistaril is not medical necessity to the patient at this time.

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42.

Decision rationale: MTUS guidelines state the following: Flexeril is indicated as an option for use in a short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Flexeril requested is not being used for short term therapy. Following guidelines as listed above, there is no indication for the use of Flexeril. At this time, the request is not medically necessary.