

Case Number:	CM14-0061154		
Date Assigned:	07/09/2014	Date of Injury:	07/05/2013
Decision Date:	09/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology, 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 42 year old male who was squeezed between a cow and a fence on 07/05/13. As a result he had cervical and lumbar pain. He was reported to have had pelvic pain which appeared to have resolved. His diagnosis included lumbar and cervical sprain and strains. A medical evaluation dated 02/17/14 noted his physical examination was grossly normal there was no indication of cervical or lumbar radiculopathy or other pathology on the basis of this examination. The injured worker was treated with medications there was no clinical documentation of other treatment modalities. Utilization review determination dated 04/18/14 non-certified the request for Flexeril 10mg #30 and Vicodin 5 300 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, every day, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability guidelines-Muscle relaxants.

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

Decision rationale: The request for Flexeril 10mg #30 is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained cervical and lumbar strains. Serial examinations provided no documentation establishing the injured worker has myospasms for which this medication would be indicated and as such medical necessity is not established.

Vicodin 5/300mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Vicodin 5/300 mg #60 is not supported as medically necessary. The submitted clinical records indicate that the claimant sustained cervical and lumbar sprain strain injuries. Vicodin is not typically prescribed for strain injuries. The record contains a medical evaluation dated 02/17/14 in which his physical examination is grossly normal and showed no pathology that would substantiate the use of opiate medications. As such medical necessity has not been established.