

Case Number:	CM14-0061426		
Date Assigned:	07/09/2014	Date of Injury:	10/24/2004
Decision Date:	09/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 46 year old female who sustained a work injury on 10/24/04 She was pushing a heavy cart a heavy food cart with broken wheels down a steep ramp. She attempted to lift the cart over a metal grate and fell on to her buttock and lumbar spine. Current diagnosis is lumbar radiculitis, lumbago, sacroiliitis, and degenerative disc disease. She was treated with physical therapy, chiropractic treatment, epidural steroid injections, and medication. Most recent clinical documentation submitted for review was dated 05/08/14. The injured worker complained of low back pain and left hip pain rated 6-10/10 on the visual analog scale. She stated the medications were helping. She tolerated the medications well. Physical examination lumbar range of motion restricted with flexion limited to 20 degrees by pain and extension limited to 5 degrees by pain. On palpation there is tenderness to the paravertebral muscles on the left and spinous process tenderness at L4 and L5. Straight leg raise test was negative on both sides. Motor examination power of the knee flexors 5/5 on the right and 5/5 on the left, knee extensor rated 5/5 bilaterally. Sensory examination, light touch sensation decreased over L5, S1 dermatomes on left side. Straight leg raise was positive on the left in the seated position. Diagnoses include thoracic & lumbosacral radiculitis, lumbago, sacroiliitis. Prior utilization review on 05/02/14 modified methadone request to initiate tapering. Flexeril was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: Current evidenced-based guidelines recommend as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. There is no documentation indicates significant decrease in pain scores with the use of medications. Therefore medical necessity has not been established.

Flexeril 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 41, 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups and the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of this medication cannot be established at this time.