

Case Number:	CM14-0070391		
Date Assigned:	07/14/2014	Date of Injury:	06/25/2007
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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 & 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 records, presented for review, indicate that this 53 year old male was reportedly injured on 6/25/2007. The mechanism of injury is undisclosed. The most recent progress note, dated 3/20/2014, indicated that there were ongoing complaints of chronic low back pain that radiated down his into the left lower extremity. The physical examination demonstrated lumbar spine positive tenderness to palpation bilaterally with muscle rigidity and numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles, limited range of motion with pain, straight leg raise sitting was positive bilaterally at 30 degrees, which caused radicular pain bilaterally, decreased sensation was along the posterior lateral thigh and posterior lateral at about L4 to L5 distribution, right hip had positive tenderness to palpation along the surgical incision, left hip had mild tenderness to palpation with decreased right hip internal rotation, cervical spine had positive tenderness to palpation with increased muscle rigidity and numerous trigger points palpable and tender throughout the cervical paraspinal muscles, decreased sensation in the posterior lateral arm and forearm in the C5 to C6 distribution, radicular symptoms were radiating to the left medial scapula and down the left arm with extension and bending to the left and notable swelling of the left upper extremity. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, injections and medications. A request was made for Cyclobenzaprine 7.5 mg #60 and Hydrocodone/Acetaminophen 10/325 mg #300 and was denied in the preauthorization process on 4/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (fexmid tablets) 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short term treatment of pain but advises against long term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request for Cyclobenzaprine (Fexmid tablets) 7.5mg #60 is not medically necessary.

Hydrocodone/Acetaminophen (Norco tablets) 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule (MTUS) supports short acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain however there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Hydrocodone/Acetaminophen (Norco tablets) 10/325mg #300 is not medically necessary.