

Case Number:	CM14-0085086		
Date Assigned:	07/23/2014	Date of Injury:	11/16/2009
Decision Date:	09/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 licensed to practice in Illinois. 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 51 year old female who reported injury on 11/16/2009. The mechanism of injury is due to cumulative trauma. There was no physician documentation or request for authorization form submitted for review. The medications, diagnostic studies, surgical history, and prior therapies were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 48.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain for less than 3 weeks. There was no clinical documentation or request for authorization submitted for the requested medication. The request as submitted failed to indicate the frequency for the requested medication and the duration of use could not be established. The request for Flexeril 10 mg #60 is not medically necessary.

Voltaren XR 100 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium, NSAIDS Page(s): 71, 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Voltaren.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate NSAIDs are recommended for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of the duration of use. There was no request for authorization or physician documentation included in the review. The request as submitted failed to indicate the frequency for the requested medication. The request for Voltaren XR 100 mg #30 is not medically necessary.