MAXIMUS Federal Services

Case Number:	CM14-0089322		
Date Assigned:	07/25/2014	Date of Injury:	11/08/2010
Decision Date:	09/18/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 Rehabilitation and is 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 62-year-old male who reported an injury on 11/08/2010. The mechanism of injury was the injured worker was utilizing a jackhammer when his back started hurting. The diagnosis was lumbar disc displacement. Prior therapies and studies included physical therapy, a lumbosacral brace, medications, and an MRI. The injured worker was noted to be monitored for aberrant drug behavior through urine drug screens. The injured worker's medication history included Flexeril 10 mg tablets 1 three times a day for spasm #90 and Norco 7.5/325 mg tablets 1 by mouth every 6 hours as needed pain as of 12/2013. The documentation of 04/22/2014 revealed the injured worker had constant low back pain rated 3/10. The injured worker was noted to be participating in a home exercise program. The physical examination of the lumbar spine range of motion remained restricted. The injured worker had a positive straight leg raise and Braggard's test on the right. The injured worker had motor strength weakness in the right extensor hallucis longus, gastroc nemius, and peroneus longus muscle groups at 4/5. The treatment plan included Flexeril 10 mg 1 by mouth 3 times a day as needed spasms #30 and hydrocodone 7.5/325 one by mouth every 4 to 6 hours as needed pain #30 and a urine drug screen. There was no request for authorization submitted for review for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #90: Upheld

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

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 low back pain. The duration of use should not exceed 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 12/2013. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Flexeril 10mg, #90 is not medically necessary.

Norco 7.5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker's being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation indicating the injured worker had an objective decrease in pain and an objective improvement in function. There was a lack of documentation indicating if the injured worker had side effects. The duration of since at least 12/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 7.5/325mg, #60 is not medically necessary.