

Case Number:	CM14-0098333		
Date Assigned:	07/28/2014	Date of Injury:	07/23/2010
Decision Date:	09/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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 licensed to practice in Texas and Oklahoma. 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 07/23/2010 after lifting a 100 pound bowl of mixing dough. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included multiple medications, physical therapy, chiropractic care, and epidural steroid injections. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 04/16/2014. The injured worker's medications included Norco, Flexeril, and ibuprofen. Physical findings included difficulty with heel toe walking bilaterally with decreased range of motion secondary to pain and tenderness to palpation of the paravertebral musculature. The injured worker had diminished sensation in the right medial and lateral calf and diminished reflexes in the extensor hallucis longus rated at 4/5. The injured worker's diagnoses included lumbar scoliosis and stenosis and lumbar radiculopathy. A request was made for a refill of medications to include Norco and Flexeril. No request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

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

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

Decision rationale: The requested Flexeril 10mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 11/2013. Therefore, ongoing use would not be supported. Furthermore, the request as it is submitted does not clearly identify a quantity or frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 10MG is not medically necessary or appropriate.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested Norco 10/325mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, managed side effects, a quantitative assessment of pain relief, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior. However, there is not quantitative assessment to support pain relief or documented functional benefit to support ongoing use of this medication. Furthermore, the request as it is submitted does not clearly identify a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325mg is not medically necessary or appropriate.