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| Case Number: | CM15-0000218 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 12/17/2013 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 12/26/2014 |
| Priority: | Standard | Application Received: | 01/02/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 43 year old who suffered a work related injury on 12/17/13. Per the physician notes from 12/17/14 she complains of markedly worsening radicular symptoms in her left leg. Diagnosis is lumbar sprain/strain with herniated nucleus pulposies with left sided radicular worse than last visit. Treatments include Vicodin, Flexeril, and evaluations. The Flexeril and Vicodin were non-certified by the Claims Administrator on 12/26/14 as they are not supported by the guidelines. MTUS was cited. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN ES 7.5-300MG #60 WITH NO REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Vicodin 7 5/300mg. Per California MTUS Guidelines, short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the continued use of short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

FLEXERIL 5MG #30 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 41.

Decision rationale: Per California MTUS Treatment Guidelines, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of low back pain. The medication has its greatest effect in the first four days of treatment. The documentation indicates there are palpable muscle spasms but there is no documentation of functional improvement from any previous use of this medication. The patient has been treated with multiple medical therapies. Per California MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested item is not medically necessary.