

Case Number:	CM15-0001910		
Date Assigned:	01/12/2015	Date of Injury:	05/12/2014
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old female who reported an injury on 05/12/2004. The mechanism of injury was not stated. The current diagnoses include lumbosacral radiculitis, degeneration of lumbar intervertebral disc, lumbar spondylosis, arthropathy of the lumbar facet joint, and low back pain. The injured worker presented on 11/04/2014 with complaints of persistent lower back pain. The current medication regimen includes ibuprofen 200 mg, Norco 5/325 mg, tramadol 50 mg, Ultracet 37.5/325 mg, and Zanaflex 4 mg. There was no comprehensive physical examination provided on that date. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no physical examination provided on the requesting date. Therefore, there is no evidence of spasticity or palpable muscle spasm. The medical necessity has not been established in this case. The California MTUS Guidelines do not recommend long term use of muscle relaxants. Given the above, the request is not medically appropriate.

Ultracet 37.5/325 mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. It is noted that the injured worker has utilized Norco 5/325 mg as well as tramadol 50 mg. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There was also no documentation of a written pain consent or an agreement for chronic use of an opioid. The medical necessity has not been established in this case. There was no physical examination provided on the requesting date. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.