

Case Number:	CM15-0015543		
Date Assigned:	03/10/2015	Date of Injury:	11/03/2010
Decision Date:	05/05/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 52 year old female, who sustained an industrial injury on 11/03/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical degenerative disc disease, post concussion syndrome, lumbar strain/sprain, and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included conservative measures, including medications, diagnostics, and transcutaneous electrical nerve stimulation unit. Currently, the injured worker complains of neck and low back pain, rated 6/10. She also reported left ankle pain, rated 4-5/10, and left lower extremity numbness and tingling. Her pain was constant and increased with cold weather and activity. Pain was decreased over 50% with medication use, allowing her to perform home exercise program, gym, and water aerobics. A physical exam, including the injured worker's cervical and lumbar spines and left lower extremity, was not noted. Current medications included Ibuprofen, Flexaril, Topiramate, Omeprazole, Cymbalta, and Lidoderm patches. Magnetic resonance imaging of the lumbar and cervical spines were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #100 with 3 refills: Overturned

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

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and reports persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long-term effectiveness for pain. As such, the medical records provided for review do support the use of naproxen for the insured as there is indication of persistent pain despite acetaminophen.

Flexeril 10mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review does not indicate ongoing muscle spasm or spasticity. As such, the medical records do not demonstrate findings on exam in support of muscle relaxant or demonstrate intent to treat with short term therapy in congruence with guidelines.