

Case Number:	CM15-0022884		
Date Assigned:	02/12/2015	Date of Injury:	01/10/2013
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 36-year-old male who reported an injury on 01/10/2013. The mechanism of injury was not provided. The injured worker was noted to have a revision lumbar fusion with laminectomy at L3-4 through S1. The injured worker had x-rays which revealed excellent position of the hardware. There was a Request for Authorization submitted for review dated 01/15/2015. The documentation of 01/15/2015 revealed the injured worker had wounds that were clean and dry. The diagnoses included lumbar radiculitis and sciatica. The injured worker was utilizing Flexeril and Norco for pain and the leg pain had improved. Additional diagnoses included failed fusion and pseudarthrosis. The treatment plan included the injured worker would continue to ambulate for exercise. The request was made for a CT to assess laminectomy and a request for re-evaluation in 4 weeks was made. Additionally, the injured worker was given a prescription for Norco, Prilosec, and Flexeril. The injured worker was dispensed a lumbosacral orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and failed to provide documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency, strength, and quantity for the requested medication. Given the above, the request for Norco is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to provide a rationale for the requested PPI. The duration of use could not be established through supplied documentation. If this was not a first prescription, the efficacy was not provided. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Prilosec is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to

provide the duration of use. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. The documentation indicated the injured worker had leg pain that had improved. Given the above and the lack of documentation, the request for Flexeril is not medically necessary.