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| Case Number: | CM15-0026394 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 09/11/2014 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35-year-old male, who sustained an industrial injury on September 11, 2104. The injured worker had reported a back injury. The diagnoses have included lumbar disc protrusion, lumbar pain, lumbar sprain/strain and lumbar radiculopathy. Treatment to date has included pain medication, MRI of the lumbar spine, lumbar support, physical therapy and activity modification. Current documentation dated January 8, 2015 notes that the injured worker complained of constant, severe low back pain. Associated symptoms included weakness, cramping and numbness and tingling. Physical examination of the lumbar spine revealed tenderness and spasms to palpation of the lumbar paravertebral muscles. A sitting straight leg raise caused pain bilaterally. On February 6, 2015 Utilization Review non-certified a request for Cyclobenzaprine 7.5 mg # 90 and a medication consultation. The MTUS, Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines, were cited. On February 11, 2015, the injured worker submitted an application for IMR for review Cyclobenzaprine 7.5 mg # 90 and a medication consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

Decision rationale: Cyclobenzaprine 7.5mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended for use longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week period. The request for Cyclobenzaprine is not medically necessary.

Medication Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain-Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Office Visits.

Decision rationale: Medication consults is not medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that selection of treatment must be tailored for the individual case. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The MTUS ACOEM states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the rationale for requiring a medication consult. An orthopedic consult is pending and there is no need for a separate medication evaluation from this consult. For these reasons, the request for medication consult is not medically necessary.