MAXIMUS Federal Services

Case Number:	CM15-0037377		
Date Assigned:	03/05/2015	Date of Injury:	06/13/2010
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on 6/13/2010. She reports injury to the lumbar spine. The mechanism of injury was not provided for review. Diagnoses include lumbar spine stenosis, lumbar disc bulge and lumbar facet arthropathy. Treatments to date include trigger point injections, physical therapy and medication management. A progress note from the treating provider dated 1/29/2015 indicates the injured worker reported severe low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg 60 count: 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 Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. There an indication of spasticity on the most recent physical exam, however, the patient received a trigger point injection during the same visit and immediately reported substantial relief. With no objective evidence of pain and functional improvement on the medication previously, but with a recently successful trigger point injection, the request cannot be considered medically necessary; reconsideration may be appropriate depending on the duration of relief from the trigger point injection.

Ibuprofen 800mg, 90 count: 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 NSAIDs Page(s): 67-73.

Decision rationale: According to the MTUS, when considering treatment with NSAIDs, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, there appears to be no evidence in the provided records of benefit while taking ibuprofen (under previous approvals) for an extended period of time, indicating that the risk of treatment with ibuprofen at high dose likely outweighs the benefit and therefore the treatment is not considered medically necessary.