

Case Number:	CM15-0056853		
Date Assigned:	04/01/2015	Date of Injury:	06/25/2009
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/25/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old man sustained an industrial injury on 6/25/2009. The mechanism of injury is not detailed. Diagnoses include discogenic lumbar condition and chronic pain syndrome. Treatment has included oral medications. Physician notes dated 1/28/2015 show complaints of severe chronic low back pain rated 9/10 that is worse in the past six weeks. The worker states that Norco is not helping. Recommendations include MRI of the lumbar spine, spine surgeon consultation, pain management consultation, increase Percocet, psychiatric consultation for anxiety, begin Ativan, Flexeril, Protonix, Trazadone, Nalfon, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

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

Decision rationale: The patient is a 64 year old male with an injury on 06/25/2009. He has low back pain and chronic pain syndrome. MTUS, Chronic Pain guidelines do not recommend long-term treatment with muscle relaxants. Muscle relaxants may decrease mental and physical ability and do not improve pain relief to patients already treated with NSAIDS and some other medications. Flexeril #60 tablets is not medically necessary.

Ativan 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13 - 16.

Decision rationale: The patient is a 64 year old male with an injury on 06/25/2009. He has low back pain and chronic pain syndrome. MTUS Chronic pain guidelines note that antidepressants are first line treatment for neuropathic pain. However, there is no documentation that this patient has neuropathic pain. Ativan is a controlled substance with a high risk of addiction. It is not medically necessary for this patient.

Percocet 10/325 mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 64 year old male with an injury on 06/25/2009. He has low back pain and chronic pain syndrome. The patient has been treated with Norco (opiate) and now the request is for 140 tablets of Percocet. MTUS Chronic Pain guidelines for on-going opiate treatment note that there must be documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria and Percocet 10/325 #140 tablets is not medically necessary.