

Case Number:	CM15-0062300		
Date Assigned:	04/08/2015	Date of Injury:	03/26/2011
Decision Date:	07/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/01/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 43 year old (by date of birth [REDACTED]), male who sustained a work related injury on 3/26/11. He was setting up an EZ UP. As he was pushing up with both hands to the EZ UP, he felt a pop in the lower back then began to have pain down the left leg. The diagnoses have included lumbar herniated disc syndrome and left leg lumbar radiculopathy. Treatments have included medications and physical therapy. In the PR-2 dated 2/19/15, the injured worker complains of worsening, constant, severe low back pain causing swelling, clicking, locking, tingling, popping, grinding, stiffness, weakness, giving way and tenderness. He rates the pain level an 8-10/10. He has decreased range of motion in lumbar spine. He has a positive left straight leg raise. He has a positive left Faber's test. The treatment plan includes a recommendation for lumbar spine surgery and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #120: Upheld

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

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

Decision rationale: Ibuprofen 800mg #120 is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Naproxen. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

Cyclobenzaprine 10 mg, 1 tab BID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 78.

Decision rationale: Cyclobenzaprine 10 mg 1 tab po BID #90 is not for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long-term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

Norco 10/325 mg, 1 tab PO Q6H PRN #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10/325mg 1 tab po Q6h prn #120, is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if; (a) There are no overall improvement in function, unless there are extenuating circumstances. (b) Continuing pain with evidence of intolerable adverse effects. (c) Decrease in functioning. (d) Resolution of pain. (e) If serious non-adherence is occurring. (f) The patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, requested medication is not medically necessary.