

Case Number:	CM14-0160064		
Date Assigned:	11/04/2014	Date of Injury:	09/01/2009
Decision Date:	12/09/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Patient is a 61 year-old female with date of injury 09/01/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/04/2014, lists subjective complaints as pain in the neck, low back, bilateral knees, bilateral shoulders, and bilateral elbows. Objective findings: Patient had severe craniocervical tenderness with spasm. Slightly weak left hand grip. Slightly weak right foot dorsiflexion. Decreased sensation bilaterally at the left ventromedial arm and hyperthenar region. Decreased sensation bilaterally at the outer thighs, legs and plantar surfaces of both feet. Slight limp in right leg in all modalities of gait testing. Romberg was positive. Tinel's sign was positive at the right wrist. Patient had lumbar more than cervical and interscapular tenderness. Right more than left shoulder tenderness and limited ranges of motion. Right more than left knee tenderness. Left elbow tenderness. Straight leg raising test was positive at 40 degrees on the right and 60 degrees on the left with pain radiating into the bilateral legs. Increased epigastric/right abdominal upper quadrant pain. Diagnosis: 1. Hypertension 2. Cephalgia 3. TMJ pain 4. Insomnia 5. Cervical radiculopathy 6. Lumbar radiculopathy 7. Bilateral knee pain 8. Right greater than left shoulder pain 9. Left elbow pain 10. Epigastric burning pain 11. Abdominal distension 12. Cognitive problems 13. Emotional distress 14. Intermittent overflow incontinence. The medical records supplied for review document that the patient was first prescribed the following medications on 03/04/2014. Medications: 1. Fioricet (dosage and quantity not provided) 2. Flexeril (dosage and quantity not provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Fioricet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. Fioricet is not medically necessary.

1 prescription 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 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for at least 6 months, long past the 2-3 weeks recommended by the MTUS. Flexeril is not medically necessary.