MAXIMUS Federal Services

Case Number:	CM14-0098099		
Date Assigned:	09/16/2014	Date of Injury:	11/29/1995
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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 Colorado. 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:

The injured worker is a 63 year old male with date of injury 11/25/95 with a diagnosis of chronic neck and right upper extremity pain, chronic low back pain, and right lower extremity pain, mid back pain, right hip pain, and headaches. 6/18/14-8/14/14 progress note reflects persistent neck and low back pain. He has been taking Neurontin 3 times per day. He has not taken the Tramadol since he was seen last. Colace only an as needed basis. He notes adequate analgesia from Gabapentin alone; activities of daily living are improved with medication and no adverse side effects or aberrant behaviors. Current medications are Tramadol, Colace, and Gabapentin. Objective findings reflect tenderness to cervical and lumbar paraspinal muscles, neurologically he is intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Velcro Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Back Brace, Post-Operative (Fusion).

Decision rationale: The injured worker is 19 years post injury, he has not undergone any recent lumbar surgical procedures and per The Official Disability Guidelines (ODG) back braces are not supported by evidenced based studies and the medical treatment guidelines other than following postoperative fusion procedures. Based on the information provided, the injured worker does not meet the medical necessity for the requested Velcro Back Brace; therefore, request is not medically necessary.

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (FlexerilÂ®)

Decision rationale: The injured worker is currently 19 years post injury with chronic pain. Based on a review of the documents provided there are no indications that the injured worker has sustained an acute exacerbation and there are no findings of muscle spasm on clinical examination. Muscle relaxants are recommended for short-term treatment of acute exacerbations in workers with chronic low back pain and for management of spasticity. Flexeril is not recommended for long term use. Additionally, precautions should be taken in older individuals when combining this medication with narcotics as it potentiates the effects of the narcotic. Therefore the requested Flexeril 10mg is not medically necessary.

Flexeril 10mg #60 Retro 05/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (FlexerilÂ®)

Decision rationale: There are no indications that the injured worker has sustained an acute exacerbation and there are no findings of muscle spasm on clinical examination. Muscle relaxants are recommended for short-term treatment of acute exacerbations in workers with chronic low back pain and for management of spasticity. Flexeril is not recommended for long term use. Additionally, precautions should be taken in older individuals when combining this medication with narcotics as it potentiates the effects of the narcotic. Therefore the requested Flexeril 10mg #60 retro 05/21/14 is not medically necessary.