

Case Number:	CM14-0212562		
Date Assigned:	12/29/2014	Date of Injury:	03/17/2011
Decision Date:	02/23/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, 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 52-year-old male who reported an injury on 03/17/2011, the mechanism of injury was not provided. On 08/29/2014, the injured worker presented with low back and right leg radiculopathy. The injured worker had a consistent urine drug screen performed on 07/12/2014. Diagnoses were lumbar HNP, spinal stenosis and lumbar radiculopathy. The injured worker had a previous lumbar epidural steroid injection performed on 03/20/2014. Current medications included cyclobenzaprine, glyburide, metformin, oxycodone acetaminophen and simvastatin. On examination, the injured worker was able to arise from a chair without difficulty. He was able to stand on his toes and heels with pain. Decreased sensation to the right lateral thigh. He had mild weakness to the hip flexors, quadriceps, hamstrings, gastric, tibialis anterior, EHL and FHL on the right. There was a positive straight leg raise to the right side. The provider recommended oxycodone and Flexeril. The Request for Authorization form was not included in medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg 1 tab po q4h prn - pain #180 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for oxycodone 10/325 mg 1 tab by mouth q 4 h as needed pain 180 with 0 refills is not medically necessary. The guidelines recommend opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of objective assessment of the injured worker's pain level, functional status, appropriate medication use and side effects. Additionally, no evidence that the injured worker had contract with the provider. As such, medical necessity has not been established.

Flexeril 10mg 1 tab po tid prn - spasms #90 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril 10 mg 1 tab by mouth 3 times a day as needed with spasms and a quantity of 90 and 0 refills is not medically necessary. The California MTUS Guideline recommend Flexeril as an option for a short course of therapy. The greatest effect of the medication is in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg 1 tab by mouth 3 times a day as needed with a quantity of 90 exceed the guideline recommendations of a short term therapy. The provided medical records lacked documentation of significant objective functional improvement with the prior use of the medication. There was no rationale given for the request as submitted. As such, medical necessity has not been established.