MAXIMUS Federal Services

Case Number:	CM14-0215383		
Date Assigned:	01/05/2015	Date of Injury:	03/25/2013
Decision Date:	03/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 individual is a 38 y/o male who has developed chronic low back pain subsequent to a lifting injury on 3/25/13. He has been treated with a trial of physical therapy, epidural injections and SI joint injections. The treating physician notes that there are positive facet signs and a current lack of neural tension or radiculopathic symptoms. Benefits from the Norco 10/325 are documented in terms functional improvement. There is no history of medication misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic bilateral L4-L5 and bilateral L5-S1 facet joint medial branch block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back; Facet medical branch blocks

Decision rationale: MTUS Guidelines point out the lack of high quality evidence to support facet blocks, however the Guidelines do not preclude there use. ODG Guidelines are more specific and do allow for a trial of facet medial branch blocks under these circumstances. The request is consistent with Guidelines.

Norco 10/325 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80..

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief, functional benefits and the absence of misuse. The prescribing physician clearly documents that this individual meets the Guideline criteria for continued use of Norco 10/225 #90.

Flexeril 10 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Page(s): 63,64.

Decision rationale: MTUS Guidelines are very specific in recommending that Flexeril not be utilized on a long-term basis (i.e. longer than 3 weeks). Guidelines support limited short-term use for distinct flare-ups, but the Flexeril is being recommended for long-term daily use. There are no unusual circumstances to justify an exception to Guidelines. The Flexeril 10mg. #30 is not medically necessary.