

Case Number:	CM15-0014113		
Date Assigned:	02/02/2015	Date of Injury:	11/02/2006
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 who reported an injury on 11/02/2006 due to an unspecified mechanism of injury. On 02/02/2015, he presented for a followup evaluation regarding his medications and work related injury. He was noted to be taking gabapentin 300 mg and MS Contin 30 mg. He noted his pain level an 8/10, previous pain level at an 8/10, noted that his symptoms were stable and it was stated that he had signed a narcotic contract that had benefit with his medications. He reported that he had low back pain radiating into the bilateral lower extremities along with posterior aspect into the feet. He also was noted to have had arachnoiditis with radiculopathy. A physical examination showed that he had straight leg raising at 80 degrees bilateral in the same position with pain at end limit bilaterally, worse on the right. He also had weakness in the right lower extremity. He was diagnosed with arachnoiditis and radiculopathy. The treatment plan was for Norco 7.5/325 mg 4 times a day as needed for pain #120 and Flexeril 5 mg twice a day quantity 60. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg QID PRN Pain Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91; 78-80; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The documentation provided indicates that the injured worker was taking gabapentin and MS Contin and had received good relief with those medications. However, there is a lack of documentation indicating that the injured worker had had a satisfactory response to the use of Norco to support the request. Also, no official urine drug screens or CURES Reports were provided for review to validate his compliance. Therefore, the request is not supported. As such, the request is not medically necessary.

Flexeril 5mg BID Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic Page(s): 64.

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

Decision rationale: The California MTUS Guidelines indicate that nonsedating muscle relaxants are recommended for the short term use in treatment in low back pain. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, further clarification is needed regarding how long he has been treated with this medication as it is only recommended for short term treatment. Without this information the request would not supported. Therefore, the request is not medically necessary.