

Case Number:	CM15-0040577		
Date Assigned:	03/10/2015	Date of Injury:	10/10/2011
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/03/2015

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 58-year-old female who reported an injury on 10/10/2011. The mechanism of injury was not provided. The documentation of 01/23/2015 revealed the injured worker had low back pain with decreased range of motion and positive numbness in the bilateral feet. The injured worker had neck pain with spasms. The diagnosis included chronic pain. The injured worker was noted to have a sensation in the feet that indicated the injured worker's feet felt as if they were on fire. The medications included cyclobenzaprine, Vicodin, and Prilosec. The treatment plan included a refill of medication, including Vicodin ES 7.5 mg 1 by mouth 4 times a day, Flexeril 10 mg 1 by mouth 4 times a day, and Prilosec 20 mg 1 by mouth twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. There should be documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation that the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Vicodin ES 7.5/300 mg #120 is not medically necessary.

Flexeril 10mg #120: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been on the medication Flexeril. However, the efficacy was not provided. The request as submitted failed to indicate the frequency for requested medication. Given the above, the request for Flexeril 10 mg #120 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The injured worker was not noted to be at intermediate or high risk for gastrointestinal events. Therefore, the injured worker does not currently meet criteria for the requested medication. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The efficacy was not provided. The request as submitted failed to

indicate the frequency. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.