MAXIMUS Federal Services

Case Number:	CM15-0071517		
Date Assigned:	04/21/2015	Date of Injury:	01/20/2009
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, New York, 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:

The applicant is a represented 52-year-old who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of January 20, 2009. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve requests for Vicodin and Flexeril. The claims administrator referenced a RFA form and associated progress note of March 2, 2015 in its determination. The applicant's attorney subsequently appealed. On March 2, 2015, the applicant reported ongoing complaints of low back and knee pain. 8/10 pain without medications versus 3/10 pain with medications was reported. The applicant was using Vicodin thrice daily, Celebrex twice daily, and Flexeril once daily, it was reported. Permanent work restrictions were endorsed. The applicant was apparently given a 15% whole-person impairment rating. It was not clearly stated whether the applicant was or was not working with said limitations in place. The applicant stated, in some sections of the note, that she had difficulty performing activities of daily living as basic as cooking, laundry, and housekeeping. Kneeling, bending, and squatting remained problematic, the applicant reported. The applicant's standing and walking tolerance was reportedly reduced, although the treating provider suggested that the applicant's medications were reportedly ameliorating the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Vicodin, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly articulated on March 2, 2015. It did not appear, however, that the applicant was working following imposition of permanent work restrictions. While the attending provider did recount some reported reduction in pain scores from 8/10 to 3/10 with medications, these were, however, outweighed by the attending provider's failure to clearly outline the applicant's work status, the imposition of permanent work restrictions, and the attending provider's commentary to the effect that the applicant was having difficulty performing activities of daily living as basic as climbing stairs, lifting, pushing, pulling, dressing herself, doing laundry, doing cooking, etc. Therefore, the request was not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Vicodin and Celebrex. Adding cyclobenzaprine to the mix was not recommended. It is further noted that the 90-tablet supply of Flexeril (cyclobenzaprine) at issue represents treatment in excess of the “short course of therapy” for which cyclobenzaprine was recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.