

Case Number:	CM13-0005481		
Date Assigned:	07/02/2014	Date of Injury:	07/09/2007
Decision Date:	08/05/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 07/09/07. His medications are under review. The patient saw [REDACTED] on 06/20/13. He had ongoing back pain that was rated 2-8/10. He reported radiation of pain and numbness down both legs to his feet and had completed 18 visits of acupuncture which helped. The patient has had 24 visits of chiropractic treatment in the past. He was awaiting an epidural injection. Medications include Norco 10/325, Flexeril, Elavil 25 mg and Colace. He had degenerative disease with facet arthropathy and neural foraminal narrowing on an MRI. Hydrocodone, Cyclobenzaprine, Omeprazole, Prolactin, and Amitriptyline were all requested. Additional physical therapy and a transforaminal epidural injection were requested. On 05/20/13, his pain ranged from 4-8/10. The patient was still taking medications and medications were refilled. The same requests were made. On 05/31/13, he was doing home exercises. He was taking Norco 6 per day. The patient is status post arthroscopic left knee medial meniscectomy in August 2012 and has bilateral knee DJD with right knee chondromalacia patella and moderate DJD. He was to continue home exercises. Bilateral knee visco-elastic supplementation injections were recommended along with Norco. He was given bilateral knee braces to replace his old ones.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Apap 10/325 mg Quantity: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The MTUS guidelines outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that the patient has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. The claimant's pattern of use of Hydrocodone-acetaminophen 10-325 mg is unclear other than that he takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the request for Hydrocodone/APAP 10/325 mg quantity 180 is not medically necessary and appropriate.

Cyclobenzaprine 7.5 mg, Quantity: 120: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment guidelines state for Cyclobenzaprine (Flexeril), recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief. Additionally, MTUS and the Official Disability Guidelines (ODG) state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3

days, A record of pain and function with the medication should be recorded. Uptodate for Flexeril also recommends do not use longer than 2-3 weeks and is for short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions. The medical documentation provided does not establish the need for long-term/chronic usage of cyclobenzaprine, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, the request for Cyclobenzaprine Hydrochloride 7.5 mg #120 is not medically necessary and appropriate.

Promolaxin 100mg Quantity: 100: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Promolaxin (Docusate).

Decision rationale: The history and documentation do not objectively support the request for ongoing use of Promolaxin. The PDR recommend its use for the control of constipation and it may be used to prevent constipation that may occur or is present due to chronic use of opioids. In this case, chronic constipation has not been described and the opioids are not medically necessary. Therefore, the request for Promolaxin 100 mg quantity 100 is not medically necessary and appropriate.