

Case Number:	CM13-0020875		
Date Assigned:	01/17/2014	Date of Injury:	03/25/2007
Decision Date:	06/18/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

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:

Patient is a 60 year old male with dates of a cumulative trauma injury of 03/25/2007 through 03/25/2008. The medical record associated with the request for authorization, consisted of a primary treating physician's progress report dated 04/24/2013, and at that time the patient had not been seen in the physician's office for 10 months because he has moved out of the area. The patient stated that he had run out of medication because he had not found a primary treating physician in the city he has moved to. The original utilization review denial was due to insufficient information in the medical record. The primary treating physician replied on August 29, 2013 with a detailed follow-up note which provided the essential information needed to render a utilization review decision. At the time of the initial visit on 04/24/2013, the patient's back had been relatively stable until he had a flareup of his pain. According to the physician's note, the patient had seen no other physician to receive medication for 10 months. The note of 04/24/2013 lists subjective complaints as pain and discomfort in the lumbar spine. Patient describes the pain as aching and stabbing. Objective findings: Examination of the lumbar spine revealed there was some query muscle spasm with tenderness to palpation to the paraspinal muscles. Sciatic stretch was positive. Straight leg test was negative. Diagnosis: 1. L4-5 and L5-S1 posterior compression and stenosis 2. Lumbar radiculopathy 3. Chronic spinal strain 4. Previous colon surgery. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 04/24/2013. Medications: 1. Cyclobenzaprine HCL 7.5mg #60, SIG: 1 PO QHS for spasms 2. Hydrocodone/APA 10/325mg #60, SIG: 1 PO TID PRN for pain 3. Tramadol HCL ER 150mg #60, SIG: 1 PO QD for pain 4. Zolpidem 10mg #30, SIG: 1 PO QHS PRN for no sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 MEDICATION: CYCLOBENZAPRINE HCL 7.5MG #60 (RX GIVEN) 6/28/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. Medical records indicate that the patient had taken no medications for nearly 10 months. There is muscle spasm documented in the medical record and the number of tablets prescribed is reasonable. Retrospective request for 1 Medication: Cyclobenzaprine HCL 7.5mg #60 (RX Given) 6/28/2013 is medically necessary.

RETROSPECTIVE REQUEST FOR 1 MEDICATION: HYDROCODONE/APA 10/325MG #60 (RX GIVEN) 6/28/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that opioids can be used as a first-line choice for the treatment of acute pain. The records indicate that the patient had not needed pain medication for nearly 10 months. The number of tablets prescribed to treat the flareup of the patient's low back symptoms is reasonable. Retrospective Request for 1 Medication: Hydrocodone/APA 10/325mg #60 (RX Given) 6/28/2013 is medically necessary.

RETROSPECTIVE REQUEST FOR 1 MEDICATION: TRAMADOL HCL ER 150MG #60 (RX GIVEN) 6/28/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient was having a flareup of his lumbar symptoms and had been prescribed Norco 10/325 has a first-line oral analgesic. Retrospective Request for 1 Medication: Tramadol HCL ER 150mg #60 (RX GIVEN) 6/28/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 MEDICATION: ZOLPIDEM 10MG #30 (RX GIVEN) 6/28/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: Zolpidem (Ambien®) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. According to the medical record, the patient had not needed any sleep aid for 10 months. The number of tablets prescribed is reasonable and within the Guidelines. Retrospective Request for 1 Medication: Zolpidem 10mg #30 (RX GIVEN) 6/28/2013 is medically necessary.