

Case Number:	CM13-0021309		
Date Assigned:	12/04/2013	Date of Injury:	01/09/2009
Decision Date:	01/13/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of January 19, 2009. A utilization review determination dated August 26, 2013 recommends, denial of cyclobenzaprine 10 mg #90, diazepam 10 mg #30, and hydrocodone/acetaminophen 10/325 #100. A handwritten note dated November 9, 2013 states, "I have never abused the medications from [REDACTED]! He prescribes Norco 10-325 for pain 1 - 2 every 4 - 6 hours. I limit my usage to 8/day max. [REDACTED] does not want to use the oxy group of pain medication because the addiction rate is higher with those drugs. I have multiple spinal injuries. Flexeril relaxes my muscles enough to sleep 1-1/2 hours at a time. The Valium helps to turn off my brain at the time. I also have post polio syndrome." A progress report dated July 15, 2013 identifies subjective complaints stating, "[REDACTED] presently complains of low back pain which radiates to bilateral lower extremities. The patient also complains of neck pain radiates to bilateral upper extremities. The patient also complains of bilateral hip pain. The patient's pain level is increased with average pain level of 3 - 10/10 with medication and 9/10 without medication." Physical examination identifies, "pain was significantly increased with extension and right rotation. Spinal vertebral tenderness was noted in the lumbar spine at the L4 - S1 level. Lumbar myofascial tenderness was noted on palpation." Diagnoses include, "lumbar radiculopathy, lumbar disc degeneration, lumbar facet arthropathy, chronic pain other, history of polio." Treatment plan recommends facet injections and medial branch blocks. A progress report dated July 2, 2013 identifies, "this office received a letter from [REDACTED] dated June 6, 2013 which denied the Norco, Valium, and the Flexeril. The letter requested this examiner to wean James off of these medications over a period of 3 weeks with the peer reviewers protocol which is outlined in the letter. James is currently taking up to 8 tablets of Norco 10/325 mg

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, California MTUS guidelines recommend nonsedating muscle relaxants with caution as a 2nd line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Additionally, California MTUS guidelines state that cyclobenzaprine is recommended only for short course of therapy. They state that it is not recommended to be used longer than 2 to 3 weeks. Within the documentation available for review, it appears the patient has been on cyclobenzaprine for an extended period of time. Guidelines do not support the ongoing use of this medication. The request for cyclobenzaprine is not medically necessary and appropriate.

Diazepam 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter..

Decision rationale: Regarding request for diazepam, California MTUS guidelines state that diazepam is not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Guidelines go on to recommend limiting its use to 4 weeks. Guidelines go on to state that the risk associated with hypnotics outweigh any benefits, and point towards the fact that hypnotics may have been associated with 320,000 to 507,000 excess deaths in the US alone. The request for diazepam is not medically necessary and appropriate.

Hydrocodone/APAP 10, 325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Regarding the request for hydrocodone/APAP 10/325 mg, Chronic Pain Medical Treatment Guidelines state that hydrocodone/APAP 10/325 mg is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation

of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the hydrocodone/APAP 10/325 mg is providing and specific objective functional improvement and no discussion regarding a plan to limit aberrant use such as the use of urine drug screens or an opiate agreement. The request for hydrocodone/APAP is not medically necessary and appropriate.