

Case Number:	CM13-0021881		
Date Assigned:	11/13/2013	Date of Injury:	05/24/2011
Decision Date:	01/21/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/09/2013

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 and Rehabilitation 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. 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 patient is described as a 49 year-old female with a 5/24/11 injury, involving the neck and upper extremities. I am asked to review for necessity of medications on 7/26/13. There is a 5/2/13 psychiatric QME by [REDACTED] noting the patient's current medications included hydrocodone 10/325mg, cyclobenzaprine, ibuprofen 800mg, hydroxyzine, temazepam, lorazepam and Cymbalta. There is a handwritten PR2 from 5/1/13 showing the patient takes hydrocodone and Fexmid and these were refilled with a check-box format. Pain levels or efficacy was not reported. There was an appeal dated 5/10/13 from [REDACTED] for Norco. The 7/1/13 PR2 by [REDACTED] does not discuss pain levels or efficacy of medications. There are supplemental reports from 7/11/13, 7/12/13 and 7/18/13 by [REDACTED] reviewing records but no documentation of medication efficacy. The 6/13/13 PR2 is not legible, except for the check-box format medication prescriptions. It states the next follow-up visit is to be on 7/24/13 which would correspond to this IMR request, the 7/24/13 or 7/26/13 medical reports are missing from the 312 pages of records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription for Hydrocodone Bit/Acet 10/325mg, #120 between 7/26/13 and 7/26/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: I was asked to review for medical necessity for hydrocodone/APAP 10/325mg for 7/26/13, but unfortunately, the 7/26/13 medical report from [REDACTED] office was not provided for review. I did have progress notes in July 2013 from the psychologist, but there was no mention of pain levels or efficacy of the medications. The prior month's PR-2 from 6/13/13 was difficult to read, but did not mention pain levels or efficacy of medications. And the pattern extends back to 5/1/13. Even on the 5/10/13 appeal for Norco, the pain levels compared to baseline or efficacy was not discussed. The necessity for Hydrocodone for 7/26/13 is not clear from the prior reports. Since the 7/26/13 report that apparently requests the medication is not available, the rationale cannot be confirmed to be in accordance with MTUS guidelines.

Retrospective prescription for Cyclobenzaprine HCL 7.5mg, #60 between 7/26/13 and 7/26/13: Upheld

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

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

Decision rationale: The medical records show continuous use of cyclobenzaprine from May 2013. The MTUS guidelines state cyclobenzaprine is not to be used longer than 2-3 weeks. The use of cyclobenzaprine on 7/26/13 would exceed MTUS recommendations. The request is not in accordance with MTUS guidelines.