

Case Number:	CM13-0023618		
Date Assigned:	11/15/2013	Date of Injury:	05/21/2006
Decision Date:	01/17/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 Family Practice, and is licensed to practice in Texas. 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:

This patient is a 56-year-old female, currently being maintained on medications for neck pain. Notes indicate that the patient has a significant history of prior cervical fusion with MRI of the cervical spine completed on 08/20/2010 revealing a C5-6 fusion with associated metallic artifact. On 04/24/2013, the patient was noted to have been prescribed Cyclobenzaprine 10 mg for muscle pain and spasms as well as hydrocodone 10/325 mg for breakthrough pain. However, on evaluation, the patient indicating having neck pain radiating to the right upper extremity which she described as constant and aching with intermittent sharp and shooting as well as stabbing-type pains. The patient also indicated awakening with stiffness in the cervical spine and the patient indicated she as able to move her neck better with warm weather conditions. Medications prescribed for the patient were noted to help with her pain and make it tolerable. On physical exam, the patient had cervical paraspinal muscles exhibiting spasm and stiffness with limitation in cervical range of motion with flexion of 25 degrees and extension of 30 degrees. Dysesthesia was noted to light touch in the right C7 and C8 dermatomes with no other gross changes noted. However, on the clinical visit of 04/24/2013, an additional medication with hydrocodone 5/325 mg was provided to the patient for the purposes of alternating with the already prescribed hydrocodone 10/325 mg for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone 10/325mg #60: 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 Opioids Page(s): 91.

Decision rationale: CA MTUS Guidelines state Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. CA MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted for review indicates that the patient was prescribed the medication hydrocodone 10/325 mg for breakthrough pain. Notes indicate the patient to have a history of prior C5-6 fusion with notes indicating that the patient presented with persistent right upper extremity symptoms and cervical pain. While the documentation submitted for review indicates that the patient's current medication regimen was providing benefit for pain, there is no clear indication of measurements of quantified pain relief with the use of hydrocodone. No pain scale was provided, and there was a lack of documentation indicating objective functional improvement of the patient as the result of using the medication or increase in the patient's abilities to undertake activities of daily living. Furthermore, any possible side effects from the medication or aberrant drug related behavior of the patient is not addressed in the clinical notes. Therefore, the requested hydrocodone is not supported. While weaning of the medication would be of course recommended, the request for retrospective hydrocodone 10/325 mg #60 is not medically necessary or appropriate.

Retrospective Hydrocodone 5/325mg #60: Upheld

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

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Decision rationale: CA MTUS Guidelines state Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. CA MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted for review indicates that the patient as of 04/24/2013 was prescribed only Cyclobenzaprine 10 mg and hydrocodone 10/325 mg as part of a medication regimen. Clinical notes from 04/24/2013 indicate that hydrocodone 5/325 mg was added for alternating with hydrocodone 10/325 mg for the purposes of managing breakthrough pain; however, the documentation submitted for review indicates on 03/22/2013 and 04/24/2013 that the patient had essentially no change in examination findings. Furthermore, there as no clear

clinical rationale provided for the necessity of concurrent prescriptions for the purposes of alternating medication dosages provided in the clinical notes. Furthermore, effective analgesia with hydrocodone in varying doses, improvement in the patient's abilities to undertake activities of daily living and any possible side effects of the medication or aberrant drug related behavior is not addressed in the clinical notes. Therefore, while weaning of the medication would certainly be warranted, the request for retrospective hydrocodone 5/325 mg #60 is not medically necessary or appropriate.

Retrospective Cyclobenzaprine 10mg #60: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: CA MTUS Guidelines state Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The documentation submitted for review notes that the patient has been prescribed Cyclobenzaprine 10 mg since at least 09/12/2012 and rationale is provided that is for muscle pain and spasms. While notes indicate that the patient has persistent pain to the cervical spine and radiating symptoms to the right upper extremity noted in clinical examination, there is a lack of clear indication that the patient suffers from muscle spasms. Furthermore, based on the recommendation of the guidelines for only a short course of treatment with Cyclobenzaprine and as there is no clear indication that the patient has effective analgesia with the medications prescribed, the request for Cyclobenzaprine is not supported. Given the above, the request for retrospective Cyclobenzaprine 10 mg #60 is not medically necessary or appropriate