

Case Number:	CM13-0025614		
Date Assigned:	11/20/2013	Date of Injury:	09/24/2001
Decision Date:	02/05/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/17/2013

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 Ohio and 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:

The patient is a 58-year-old male who reported injury on 09/24/2001. The mechanism of injury was stated to be the patient was picking up sheetrock. The patient was noted to have complaints of pain on a verbal analog scale of 5/10. The patient was noted to have been taking the medications Morphine Sulfate ER, Relafen, Cetirizine HCL 10mg (Zyrtec), Norco, and cyclobenzaprine. The patient's diagnoses were noted to include post laminectomy syndrome, facet arthropathy, lumbar degenerative disc disease, sacroiliitis, discogenic pain lumbar, radiculopathy lumbar spine. The request was made for refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Morphine Sulfate ER 60mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, MTUS (2009) Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Morphine Sulfate, Ongoing Management Page(s): 93.

Decision rationale: California MTUS Guidelines recommend morphine for patients who are in severe pain and who are in need of continuous treatment. Additionally, there should be documentation of the "4 A's" including analgesia, adverse side effects, activities of daily living,

and aberrant drug behavior. The guidelines further indicate that the dosing of opioids should not exceed 120 mg of oral morphine equivalents per day and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review indicated the patient was taking morphine ER 60 mg tablets twice a day and hydrocodone 10/325 mg 1 tablet every 4 to 6 hours which if taken every 4 hours would equal the dose of 180 oral morphine equivalents, which would be more than the recommended 120 . The patient was noted to be taking the morphine ER twice a day and had functional improvements including being able to dress and undress, sit longer, sleep better, stand longer and walking. There was a lack of documentation of the analgesia, adverse side effects or aberrant drug taking behavior. As such, the request for a prescription for morphine sulfate ER 60 mg #60 is not medically necessary.

Prescription Cetirizine HCL 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Zyrtec> .

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Per Drugs.com, Zyrtec (cetirizine) is an antihistamine that reduces the effects of natural chemical histamine in the body. It is typically known to be given for allergic responses. The clinical documentation indicated the patient was taking this medication to decrease inflammation and swelling. There was a lack of documentation of efficacy of the requested medication. Given the above, the request for cetirizine hydrochloride 10 mg tablets #30 is not medically necessary.

Cyclobenzaprine HCL 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine Page(s): 41..

Decision rationale: CA MTUS states that 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 clinical documentation submitted for review indicated the patient had been taking the medication regularly and reported less muscle spasms. However, clinical documentation submitted for review failed to provide exceptional factors to support long-term, ongoing treatment as this medication is noted to be for a short-term. Given the above, the request for cyclobenzaprine hydrochloride 7.5 mg 1 tablet twice a day #60 is not medically necessary.

Prescription of Hydrocodone/APAP 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, MTUS (2009) Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Hydrocodone/APAP page 91, and Ongoing Management Page(s):.

Decision rationale: CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The guidelines further indicate that the dosing of opioids should not exceed 120 mg of oral morphine equivalents per day and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review indicated the patient was taking morphine ER 60 mg tablets twice a day and hydrocodone 10/325 mg 1 tablet every 4 to 6 hours which if taken every 4 hours would equal the dose of 180 oral morphine equivalents, which would be more than the recommended 120 . The clinical documentation submitted for review indicated the patient was taking the medication regularly with functional improvement including basic activities of daily living such as dressing and undressing, sitting time, sleeping, standing time, and walking. The clinical documentation indicated that the patient, however, received less benefit from the medication, which would not support ongoing use. There was a lack of documentation of the patient's adverse side effects or aberrant drug taking behavior. Given the above, request for Hydrocodone/APAP 10/325mg, #240 would not be medically necessary.