

Case Number:	CM13-0027269		
Date Assigned:	03/19/2014	Date of Injury:	04/22/2011
Decision Date:	06/10/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 58-year-old male with date of injury of 04/22/2011. The listed diagnoses per [REDACTED] dated 09/10/2013 are Lumbar disk displacement without myelopathy, and Postlaminectomy syndrome, lumbar spine. According to the report, the patient continues to have axial low back pain. He has not yet received much in the way of relief from his insomnia with the Seroquel; however, he does not have any side effects. He uses a small amount of Norco for pain. The physical exam shows the patient is well developed, well nourished, and in no apparent distress. The lumbar spine shows decreased sensation in the left L4 and left L5 dermatome. Straight leg raise is positive on the left. There is spasm and guarding noted in the lumbar spine. Motor strength in the right lower extremities is intact globally. The patient's current medications include Ambien CR, Cyclobenzaprine/Flexeril, Glucosamine sulfate, Hydrocodone, Nabumetone, Quetiapine fumarate - Seroquel, Topiramate - Topamax, and Cialis. The utilization review denied the request on 09/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

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

Decision rationale: The MTUS Guidelines regarding Cyclobenzaprine states, "recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and is a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)...This medication is not recommended to be used for longer than two to three weeks." Based on the medical records provided for review, the patient has been taking Flexeril since 03/13/2013. In this case, MTUS does not recommend the long-term use of Cyclobenzaprine. The request for Flexeril 10 mg #90 is not medically necessary and appropriate.

HYDROCODONE 10/325 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Page(s): 78.

Decision rationale: For chronic opiate use, MTUS Guidelines requires specific documentations regarding pain and function. MTUS guidelines requires "pain assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for a pain relief; and how long pain relief lasts." Furthermore, "the 4As for ongoing monitoring" are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior." In this case, medical records provided for review show that the patient has been taking Hydrocodone since 2012. The progress report dated 09/10/2013 documents that the patient's pain level is reduced from 7/10 to about a 5/10 with Hydrocodone. He states that his ability to do activities of daily living has improved, and he can stand and walk about 50% longer with medications. He denies any side effects. The patient states that Norco is "effective in improving his function and quality of life." In addition, the urine drug screens dated 07/17/2013 and 11/05/2013 show consistent results with prescribed medications. The medical records does indicate that the patient does benefit from chronic opiate use with adequate documentation. Therefore, the request for Hydrocodone 10/325 mg # 120, is medically necessary and appropriate.