

Case Number:	CM13-0029155		
Date Assigned:	11/01/2013	Date of Injury:	11/09/2007
Decision Date:	01/09/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/26/2013

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 Anesthesiology and 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. 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 54-year-old male who reported a work related injury on 11/07/2007 due to a fall. The patient reported immediate pain in his neck, lower back, right shoulder, left shoulder, and left knee. The patient's diagnoses included cervical degenerative disc disease, cervical spine disc herniations, cervical stenosis, thoracic spine degenerative disc disease, and lumbar spine disc herniation. The patient's medications include Norco, tramadol, Zanaflex, and Terocin cream. The patient has undergone physical therapy and injections for his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg Qty: 90, prescribed on 8/29/13: Upheld

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

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

Decision rationale: California Medical Treatment Guidelines for chronic pain recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients taking opioids for pain management. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or

improved quality of life. The most recent clinical note dated 08/29/2013 noted that the patient stated his medications helped decrease his pain and allow him to increase his activity level and functioning. The patient stated they decrease his pain by about 40% temporarily and allow him to increase his walking distance by more than 20 minutes. Per the submitted documentation, there were no functional benefits noted which could be objectively measured, such as range of motion, due to the use of hydrocodone. The California Chronic Pain Medical Treatment Guidelines recommend the continued use of hydrocodone if there is functional improvement noted with medication use. Per recent clinical documentation submitted, the patient rates his neck and back pain at 7/10 to 9/10. There was no documentation stating the patient's pain relief, per a pain scale, after taking the medication hydrocodone. Given the above, the request for Hydrocodone/APAP 10/325mg Qty: 90, prescribed on 8/29/13 is non-certified.

Tramadol ER 150mg #60, prescribed on 8/29/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Opioids Page(s): 84.

Decision rationale: Therapy clinical note dated 08/29/2013 noted that the patient was prescribed tramadol ER 1 time a day. Per submitted documentation, it was noted the patient had been taking this medication since at least 09/2012. California Medical Treatment Guidelines for chronic pain indicated that tramadol decreased pain intensity, produced symptom relief, and improved function for a time period of up to 3 months, but the benefits were small. There are no long term studies for tramadol to allow for recommendations for longer than 3 months. In addition, the patient was not noted to have any functional improvements which could be objectively measured to the use of Tramadol. The clinical documentation submitted does not support the request for tramadol. As such, the request for Tramadol ER 150mg #60, prescribed on 8/29/13 is non-certified.

Cyclobenzaprine 7.5mg #30 prescribed 8/29/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): s 41-42.

Decision rationale: The clinical note dated 08/29/2013 noted the patient was prescribed Flexeril 7.5 mg to be taken once a day for muscle spasms. California Medical Treatment Guidelines indicate Cyclobenzaprine is recommended as an option and to only use a short course of therapy. Guidelines further state that treatment should be brief, and the addition of Cyclobenzaprine to other agents is not recommended. The patient was noted to have complaints of pain in his cervical and lumbar spine, yet there was no documentation of objective findings of functional improvement with the use of this medication. There was also no clinical documentation stating

the patient complained of muscle spasms. Furthermore, this medication is not recommended for long term use. As such, the request for Cyclobenzaprine 7.5mg #30, prescribed on 8/29/13 is non-certified.

Additional physical therapy times 6 for neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

Decision rationale: The clinical note dated 08/29/2013 noted that the patient stated he had undergone about 13 visits of physical therapy since his injury, which helped decrease his pain and allowed him to increase his activity level. Physical therapy note dated 06/27/2013 stated the patient's active range of motion of his trunk was 25% of normal flexion and extension, and 50% of normal bilateral side bend and rotation with pain provoked throughout. Cervical active range of motion was noted as 40 degrees bilateral rotation with pain provoked. Upper extremity strength was 4+/5 flexion, internal rotation, external rotation; 4/5 abduction, and 4/5 biceps and triceps. The patient had been well educated in a home exercise program and had been compliant with a rehab program. He reported mild short term relief following physical therapy, stating that it "relaxed the muscles". His pain complaints and objective findings were noted to be relatively unchanged after physical therapy. Per submitted documentation, the patient was not noted to have received significant functional or pain benefits from his prior physical therapy sessions. California Medical Treatment Guidelines indicate patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was no documentation stating the patient would not be able to obtain significant pain relief or functional benefits from a home exercise program. As such, the request for additional physical therapy times 6 for neck and low back is non-certified.