

Case Number:	CM13-0032920		
Date Assigned:	12/06/2013	Date of Injury:	07/14/2002
Decision Date:	03/12/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/08/2013

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 Oklahoma 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 60-year-old male who reported a work-related injury on 07/14/2002; the specific mechanism of injury is not stated. The patient presents for treatment of the following diagnoses: degenerative disc disease of the lumbar spine with radiculopathy, lumbar facet hypertrophy, worsening lower extremity neuropathic complaints, moderate to severe disc space narrowing at L5-S1 greater than L4-5, diagnostic imaging study evidence of L4 superior endplate fracture deformity with minimal retropulsion. The provider documents the patient presents for treatment of low back pain and increased left lower extremity symptoms. The patient reports rate of pain at 7/10 to 8/10. The provider documents the patient is utilizing Norco, as well as Zanaflex. The provider documents upon physical exam of the patient, tenderness upon palpation of the lumbar spine descending to the left paraspinal region and the left sciatic region were noted. Decreased sensation and motor strength were evidenced upon physical exam of the patient. The provider documents the patient reports utilizing his medication regimen assists for an increased level of function and therefore, recommended the patient's continued utilization of Norco and a trial of Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10-325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The current request is not supported. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 As" (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 clinical notes failed to document significant pain relief, objective functional improvements, and patient compliance via urine drug screening. Administering 108 tablets for the patient's utilization of this opioid for his chronic pain complaints appears excessive in nature without reassessment of the patient's reports of efficacy with utilization of this opioid. Given all of the above, the request for hydrocodone 10/325 mg #180 is not medically necessary or appropriate.

Cyclobenzaprine 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Decision based on Non-MTUS Citation ODG, Pain Chapter.

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

Decision rationale: The current request is not supported. California MTUS indicates cyclobenzaprine is recommended as an option utilization a short course of therapy. Prior to use of cyclobenzaprine, the patient was utilizing tizanidine. California MTUS indicates medications in the antispasmodic drug class are supported in the acute phase of treatment for short courses of therapy. Given the lack of documentation evidencing the patient's reports of efficacy with utilization of medications in this drug class, the request for cyclobenzaprine 7.5 mg #90 is not medically necessary or appropriate.