

Case Number:	CM13-0036265		
Date Assigned:	12/13/2013	Date of Injury:	11/20/2006
Decision Date:	02/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 Medicine, 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:

The patient is a 44-year-old male who reported a work-related injury on 03/06/2002, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: cervical spine syndrome with radiculopathy and lumbar spine syndrome with sciatica. The clinical note dated 08/28/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to present with low back pain complaints, left lower extremity with associated numbness and tingling to the foot. The provider documents additionally, the patient has complaints of numbness and tingling to the left upper extremity. The patient's symptomatology is reportedly decreased with medications, home exercise program, and utilization of EMS. While the provider documented upon physical examination of the patient, palpation of the left sciatic notch revealed muscle spasms. The patient had positive straight leg raise to the left lower extremity. The provider documented increased low back pain. Decreased sensation about the left lower extremity was noted at the L5-S1 dermatome. Request for authorization dated 09/10/2013, signed by [REDACTED], requested Norco, cyclobenzaprine, and Axid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Norco 25-325mg DOS: 9/9/2013: 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): 78.

Decision rationale: The current request is not supported. California MTUS indicates, "Four 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (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 documentation submitted for review lacks evidence to support the long-term necessity of Norco. The clinical notes did not document the patient reported a decrease in his rate of pain or on a VAS, increase in objective functionality, to support efficacy of treatment. Therefore, given all the above the request for retrospective Norco 25/325mg, DOS 9/9/2013 is not medically necessary or appropriate.

Retrospective Cyclobenzaprine 7.5mg, DOS 9/9/2013: 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 Muscle Relaxants Page(s): s 41-42.

Decision rationale: The current request is not supported. California MTUS indicates cyclobenzaprine is recommended as an option utilizing a short course of therapy. It is unclear how long the patient has been utilizing this medication and the clear efficacy of treatment, as the most recent physical examination of the patient documented the patient did present with muscle spasms upon evaluation on 08/28/2013. Given the lack of documentation evidencing decrease in rate of pain on a VAS and increase in objective functionality as a result of utilizing the current medication regimen, the request for retrospective Cyclobenzaprine 7.5mg, DOS 9/9/2013 is not medically necessary or appropriate.

Retrospective Axid 150mg, DOS 9/9/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Package insert Axid online edition.

Decision rationale: The current request is not supported. Clinical documentation submitted for review fails to evidence support for the patient's utilization of Axid. California MTUS, ACOEM, and Official Disability Guidelines do not specifically address this medication. However, drug package insert for Axid indicates this medication is utilized for treatment and

prevention of ulcers and to treat gastroesophageal reflux disease. Clinical notes failed to evidence the patient's reports of efficacy with the utilization of Axid for any of the patient's gastrointestinal complaints. Additionally, the current request does not indicate a quantity of tablets to be dispensed. Given all the above, the request for retrospective Axid 150mg, DOS 9/9/2013 is not medically necessary or appropriate.