

Case Number:	CM13-0038151		
Date Assigned:	12/18/2013	Date of Injury:	06/27/2007
Decision Date:	06/25/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/27/2013

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 64 year old male with date of injury 6/27/07. The treating physician report dated 8/16/13 indicates that the patient presents with pain affecting the neck and low back which is rated an 8/10 without medications. The current diagnoses are: Status post L4/5 and L5/S1 fusion, Status post plug migration at L5/S1 with repositioning, Multiple cervical spondylolysis with discopathy, Moderate disc bulges and foraminal stenosis C5-C7, Anxiety and depression, Persistent pseudoarthrosis, and Cervical spine discopathy. The utilization review report dated 9/4/13 denied the request for Cyclobenzaprine, Zolpidem, Hydrocodone and urinalysis due to lack of medical necessity based on the treating physician report dated 8/6/13 which was not provided in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxant (for pain) Page(s): 63-66.

Decision rationale: The patient presents with chronic pain affecting the cervical and lumbar spine s/p lumbar fusion L4-S1. The current request is for Cyclobenzaprine 7.5mg #60. The report requesting this medication was not found in the 574 pages of medical records provided. The utilization review report dated 9/4/13 states that the patient has been prescribed Cyclobenzaprine since at least 2012. The treating physician report dated 3/19/13 indicates Cyclobenzaprine is prescribed but not detected in the urine drug screen. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. There is documentation provided that indicates that patient has been taking this medication since at least July of 2012. The treater authored an appeal report dated 7/16/13 indicating that continued chronic usage of Cyclobenzaprine is medically necessary due to failed lumbar surgery. The treater states, "The prescription of Cyclobenzaprine is medically appropriate since this may help decrease his intermittent breakthrough pain in especially when combined with physical methods." MTUS is very specific that Cyclobenzaprine is only to be used for a short course of treatment and there is no compelling documentation from the treating physician to supercede the MTUS recommendations. Recommendation is for denial.

1 PRESCRIPTION OF ZOLPIDEM 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MEDICATIONS

Decision rationale: The patient presents with chronic pain affecting the cervical and lumbar spine s/p lumbar fusion L4-S1. The current request is for Zolpidem 10mg #30. The treating physician report dated 8/16/13 does not indicate that the patient suffers with insomnia. The treater goes on to state, "The patient denies having depression, anxiety, suicidal attempts or difficulty sleeping. Ambien (Zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that Zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. The patient has been taking Zolpidem for longer than six weeks and there is no documentation to support insomnia. Recommendation is for denial.

1 PRESCRIPTION OF HYDROCODONE/APAP 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria For U.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Long-Term Assessment Page(s): 88-89.

Decision rationale: The patient presents with chronic pain affecting the cervical and lumbar spine s/p lumbar fusion L4-S1. The current request is for Hydrocodone/APAP 10/325mg #60. Review of the treating physician report dated 8/16/13 indicates that patient has pain rated an 8/10

without medications. There is no report of the patient's pain levels with medication usage. The treater does state, "He has been taking his medication regularly and tolerates them well." The MTUS guidelines for opioid usage state that Hydrocodone is an option for treating pain. There is no documentation of what the current pain levels are with medication usage. MTUS pgs 88, 89 recommends documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, the treater has not documented pain assessment and function related to opiate use. There is no documentation of numeric scale assessing the patient's function. No Analgesia, ADL's or other measures are provided regarding the use of Hydrocodone. As it is, one cannot tell that Hydrocodone has done anything for this patient's pain and function. Recommendation is for denial.

1 URINALYSIS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, URINE DRUG SCREEN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FOR STEPS TO AVOID OPIOID MISUSE Page(s): 94-95.

Decision rationale: The patient presents with chronic pain affecting the cervical and lumbar spine s/p lumbar fusion L4-S1. The current request is for urinalysis. The treating physician report dated 8/16/13 states, "The patient will undergo urine toxicology screening to ensure compliance with his current medications. He is on high dosage of narcotics. He has history of anxiety and depression and is on Wellbutrin. He has also been positive for Marijuana which puts him at high risk for abuse and addiction per ACOEM. I will perform frequent toxicology screening in order to monitor him closely." The MTUS Guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. The review of the records provided indicate that the patient is having urinalysis performed on monthly basis. In this case the patient has been identified as a high risk for abuse and MTUS does support frequent urine drug screening. Recommendation is for authorization.