

Case Number:	CM13-0042365		
Date Assigned:	12/27/2013	Date of Injury:	11/03/2010
Decision Date:	02/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 female who reported an injury on 11/03/2010 due to a slip and fall that caused injury to the cervical spine. The patient ultimately underwent cervical fusion at the C4-5, C5-6, and C6-7. The patient underwent an electrodiagnostic study in 10/2013 that did not reveal any abnormal findings. The patient's medications were listed as Norco 7.5/325 mg and Flexeril 7.5 mg with a weaning schedule of Tramadol. Physical findings included decreased range of motion of the cervical and lumbar spine with decreased sensation in the C6-7 dermatomes with 4/5 motor strength in the left upper extremity. The patient's diagnoses included status post anterior cervical decompression and fusion, cervical radiculopathy, disc bulge of the lumbar spine, and lumbar radiculopathy. The patient's treatment plan included continued chiropractic care and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A prescription of 60 tablets of Docuprene 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids and Initiating Therapy Page(s): 77.

Decision rationale: The requested 60 tablets of Docuprene are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is taking opioids. The California Medical Treatment and Utilization Schedule does recommend prophylactic treatment of constipation when the patient is taking opioids for pain control. However, the clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support any gastrointestinal symptoms related to medication usage. Therefore, continued use would not be supported. As such, the requested 60 tablets of Docuprene are not medically necessary or appropriate.

A prescription of 90 tablets of Hydrocodone/APAP 5/325mg: Upheld

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

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

Decision rationale: The requested 90 tablets of Hydrocodone/APAP 5/325 mg are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended period of time. The California Medical Treatment and Utilization Schedule recommends the continued use of opioids for the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, evidence of functional benefit, managed side effects, and monitoring for compliance of the prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence of a quantitative assessment of pain relief, documentation of functional benefit, or that the patient is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. As such, the requested 90 tablets of Hydrocodone/APAP 5/325 mg are not medically necessary or appropriate.

A prescription of 60 tablets of Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Muscle Relaxants..

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

Decision rationale: The requested 60 tablets of Cyclobenzaprine 7.5 mg are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment and Utilization Schedule recommends muscle relaxants be limited to short courses of treatment. As the clinical documentation indicates this patient has been on this medication for an extended period of time and there is no documentation of symptom response or functional benefit, continued use would not be indicated. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline

recommendations. As such, the requested 60 tablets of Cyclobenzaprine 7.5 mg are not medically necessary or appropriate.