

Case Number:	CM13-0045647		
Date Assigned:	01/03/2014	Date of Injury:	07/19/2000
Decision Date:	03/20/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Pain Medicine, 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 45 year old female sustained injury on 07/19/2000. Mechanism of injury is unknown. Medications as of 10/08/2013 include Ambien CR 6.25mg (started 01/07/2009), Cyclobenzaprine 10mg tablet (started 08/21/2013), Lyrica 150 mg (started 01/07/2009), Methadone 10mg (started 01/07/2009), Norco 10mg-325 mg (started 04/11/2013), Trazadone 50 mg (started 08/03/2006), and Wellbutrin SR 150 mg (started 11/30/2011). The patient underwent prior interbody fusion at L5-S1 and spinal cord stimulator placement. Other treatment history includes multiple lumbar ESIs and physical therapy. ██████████ noted the patient complains of low back pain that is worse and the function is the same on 09/23/2013. ██████████ also notes the patients pain level to be high with no improved functioning on his 08/21/2013, 07/23/2013, 06/04/2013, 05/07/2013 and 04/11/2013 reports. Physical exam: Cervical spine: Examination of the cervical spine demonstrated no tenderness. There is mild paravertebral muscle spasm and pain with cranial vault compression. Cranial distraction is painful. Range of motion of the cervical spine revealed flexion of 25 degrees (normal 40 degrees) extension 30 degrees (normal 40 degrees), bilateral rotation 30/35 degrees (normal 90 degrees bilaterally) and bilateral tilt to 20/20 degrees (normal 30 degrees bilaterally). Lumbar spine: There is a 6-inch incision in the lumbar spine and an 8-inch left transverse suprapubic incision. Demonstrated tenderness at L3, L4, L5 and S1. There is no sciatic notch tenderness. There is bilateral sacroiliac joint tenderness, right greater than left and a paravertebral muscle spasm. Range of motion reveals forward flexion with the fingertips to 23 inches from the floor with difficulty in flexion and recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg, 90 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Section Page(s): 64.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended for short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Furthermore guidelines indicate, "This medication should be avoided in patients with arrhythmias, heart block, heart failure, and recent myocardial infarction." This patient was diagnosed with chronic pain syndrome and has been taking this medication for prolonged periods of time. Additionally, she has a history of hypertension and myocardial infarction x2. The request for Cyclobenzaprine 10 mg, 90 count, is not medically necessary or appropriate.

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued use of opioids is recommended if there is "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Further guidelines indicate, "The 4 A's for ongoing monitoring: 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)." For continued use, guidelines recommend documentation of patient returned to work and improved functioning and pain with the use of this medication. As per provider's note dated 09/23/2013, her lower back pain is worse and the function is the same. This patient was noted to have improvement with lumbar ESIs (Epidural Steroid Injections). The urine drug screening was positive for Oxycodone and Hydrocodone. There is no documentation that she has returned to work. There is no indication that she has functional improvement with the use of this medication. The request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.

Methadone 10 mg, 60 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Section Criteria for Use of Opioids Section Page(s): 61-62; 76-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, it is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication.... Methadone can slow down your heartbeat and you might not be able to detect this." Additionally, chronic pain medical treatment guidelines for opioids recommend continued use of opioids if there is "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Further guidelines indicate, "The 4 A's for ongoing monitoring: 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)." For continued use, guidelines recommend documentation of patient returned to work and improved functioning and pain with the use of this medication. The urine drug screening was positive for Oxycodone and Hydrocodone. There is no documentation that she has returned to work. There is no indication that she has functional improvement with the use of this medication. Methadone is recommended for second-line drug. The request for Methadone 10 mg, 60 count, is not medically necessary or appropriate.