

Case Number:	CM13-0047371		
Date Assigned:	12/27/2013	Date of Injury:	02/23/2004
Decision Date:	02/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 Illinois. 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 53-year-old male who reported an injury on 02/24/2004. The mechanism of injury was not provided for review. The patient developed chronic low back pain, hip pain, and right shoulder pain. The patient's chronic pain was managed with medications to include Ibuprofen, hydrocodone/APAP 10/325 mg, Cyclobenzaprine, FluriFlex, and TGHOT. The patient was monitored for aberrant behavior with urine drug screens. The patient was observed having a difficult time with ambulation at the most recent clinical evaluation. Physical findings included severe spasming and tenderness of the paraspinal musculature with significant pain on range of motion. Examination of the left hip revealed severe pain and tenderness to palpation with severely limited range of motion secondary to pain. The patient's diagnoses included lumbar discopathy, left sided sciatica, left hip arthritis, right shoulder contusion, and possible rotator cuff injury. The patient's treatment plan included continuation of medications, bilateral knee braces, and the use of a wheelchair for ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #60: Upheld

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

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

Decision rationale: The requested 1 prescription of Hydrocodone/Acetaminophen 10/325 mg #60 is not medically necessary or appropriate. Chronic Pain Medical Treatment Guidelines recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient is regularly evaluated for aberrant behavior with urine drug screens; however, the clinical documentation submitted for review does not indicate that the patient has any functional benefit or pain relief related to medication usage. The documentation supports that the patient has consistently declined in the ability to function and manage pain relief. Therefore, continued use of this medication would not be supported. As such, the requested prescription of hydrocodone/acetaminophen 10/325 mg #60 is not medically necessary or appropriate.

1 prescription of Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: The requested 1 prescription of Cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate. Chronic Pain Medical Treatment Guidelines does not recommend the extended use of muscle relaxants for chronic pain. Short courses of treatment for acute exacerbations are recommended by Chronic Pain Medical Treatment Guidelines. The documentation supports that this patient has been on this medication since at least 03/2013. Additionally, the patient's most recent clinical examination findings do not provide any functional benefit or exceptional factors to extend treatment beyond guideline recommendations. As such, the requested Cyclobenzaprine 7.5 mg, #60 is not medically necessary or appropriate.