

Case Number:	CM13-0049178		
Date Assigned:	12/27/2013	Date of Injury:	01/13/2010
Decision Date:	06/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 has submitted a claim for low back pain with an industrial injury date of January 1, 2010. Treatment to date has included lumbar spine surgery (October 25, 2010), multilevel posterior pedicle screws and interbody XLIF (undated), physical therapy, lumbar brace, and medications which include hydrocodone/APAP, oxycodone/APAP, Lidoderm Patch, Fentanyl Patch, oxycodone, Lunesta, Flexeril, alprazolam, bupropion, Celebrex, Lyrica, and orphenadrine citrate ER. Medical records from 2013 were reviewed the latest of which dated November 14, 2013 which revealed that the patient has worsening low back pain and bilateral lower extremity pain with occasional numbness and weakness. He reports that increase in fentanyl patch from 50mcg every 48 hours to 75mcg has helped and his pain is a little more manageable. He still complains of sleeping problems. He reports that his back pain is no longer bothersome than his bilateral lower extremity radicular pain, worse on the left. He describes the pain as aching, burning deep with pain severity from 8-10/10. On physical examination, the patient is in distress. He has an antalgic gait and ambulates bent forward. He changes position frequently. There is a surgical scar noted in the lower lumbar spine and a well healing scar at the T12-L2 level. On examination of the left hip, there is tenderness of the sciatic notch and the greater trochanter. There is tenderness of the iliolumbar region, still tender over the left T12-L1 paraspinous region where the IPG has been implanted. There is diminished reflex on the right ankle, right knee. There is decreased sensation of the right knee, medial leg, lateral leg and dorsum of the foot. Supine and seated straight leg raising is positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN 10/325MG #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment guidelines state ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, hydrocodone/APAP was prescribed since March 2013. However, there was no evidence of analgesia and functional improvement with the medication, therefore, the request for hydrocodone/acetaminophen 10/325mg #210 is not medically necessary.

CYCLOBENZAPRINE 10MG, #30 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Pages 41-42 of the Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is recommended for a short course of therapy, with its effect is greatest in the first 4 days of treatment. In this case, cyclobenzaprine has been used since August 2013 for muscle spasm. The recent clinical evaluation does not indicate relief of pain from muscle spasm and functional improvement of the patient, therefore, the request for cyclobenzaprine 10mg #30 with 1 refill is not medically necessary.

OXYCODONE 5MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment guidelines state ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, oxycodone was prescribed since March 2013. However, there was no evidence of analgesia and functional improvement with the medication, therefore, the request for oxycodone 5mg #180 is not medically necessary.