MAXIMUS Federal Services

Case Number:	CM13-0050627		
Date Assigned:	12/27/2013	Date of Injury:	05/10/1993
Decision Date:	04/30/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 54 year old female who was injured on 05/10/1993. The mechanism of injury is unknown. Prior treatment history has included home exercise, meditation, pool and physical therapy. The patient underwent back surgery in 2000 and 2005; and spinal surgery neurostimulator implants; dorsal column stimulatory trial, failed. Office note dated 12/09/2013 indicated the patient to have complaints of back pain (lumbar spine pain syndrome) and a sleep problem. Objective findings on exam indicated the patient was in no acute distress. There is no nuchal rigidity and pulses are intact. There is no motor or sensory level; no abnormal movements; motor power nonfocal but limited by pain; not fully testable; Plantar/dorsiflexion special motor component intact. Her gait and station demonstrated. The deep tendon reflexes are symmetrical and SLR is negative. There are no devices present.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE ACTAMINOPHEN 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Hydrocodone acetaminophen 10/325 mg is recommended for moderate to moderately severe pain. The office note dated 12/09/2013 indicates the patient has complaints of back pain. However, the medical records do not document the subjective pain level. It is not established that the patient has moderate to severe pain. In addition, the medication request is incomplete, as it includes the dosage but does not document the frequency or number of tablets prescribed. Considering that the patientâ¿¿s medications also include Morphine Sulfate, the records do not establish that the opiate use does not exceed the maximum daily MED of 120 mg, per the CA MTUS guidelines. Additionally, the medical records do not establish the patient has benefited from this medication. The medical records do not indicate whether the patient has obtained clinically significant improved function and reduction in pain as result of medication use. Given these factors, the medical necessity of hydrocodone acetaminophen 10/325 has not been established at this time. Request is non-certified.

LYRICA 150MG;: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN (LYRICA(R)) Page(s): 99.

Decision rationale: According to the CA MTUS guidelines, Lyrica is effective in treatment of diabetic neuropathy and post-herpatic neuralgia, and is considered a first-line treatment for these conditions. The medical records do not establish this patient has either of these conditions. The patient does not appear to have neuropathic-type pain, consequently, the medical necessity of Lyrica is not established.

DIPHENHYDRAMINE HCL 25MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN, INSOMIA TREATMENT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:DIPHENHYDRAMINE HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/DRUGINFO/MEDS/A682539.HTML

Decision rationale: Diphenhydramine is an antihistamine, it is used to relieve red, irritated, itchy, watery eyes; sneezing; and runny nose caused by hay fever, allergies, or the common cold. Diphenhydramine is also used to relieve cough caused by minor throat or airway irritation. The medical records do not demonstrate that this patient presents with any of these symptoms or describes any such complaints for which this medication is recommended to treat. In the absence of documented allergy, cough or cold symptoms, the medical necessity of this medication has not been established. The request is non-certified.

CYCLOBENZAPRINE HCL 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS AND CYCLOBENZAPRINE (FLEXERIL(R)) Page(s): 63-64 AND 41.

Decision rationale: The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The medical records indicate the patientâ¿¿s medication regimen includes chronic use of muscle relaxants, which is not recommended under the guidelines. In addition, the 12/09/2013 medical report does not document subjective complaint and clinical findings of spasticity on examination. In absence of documented presentation of an acute exacerbation having not responded to first-line treatment, or acute spasms, the use of cyclobenzaprine is not recommended. Request is non-certified.