

Case Number:	CM13-0060715		
Date Assigned:	01/15/2014	Date of Injury:	07/28/2009
Decision Date:	04/23/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 32 year old female with a date of injury on 7/28/2009. Patient has ongoing symptoms related to her low back. Subjective complaints are of severe low back pain with radiation to the lower extremities with numbness. Physical exam shows inability to perform heel and toe walk, and a positive right straight leg raise test. There was moderate right leg weakness with absent ankle reflexes bilaterally, and L4-S1 loss of sensation. Medications include Exalgo 16mg twice a day for severe pain, Norco 10/325mg every 4-6 hours, and Amrix 15mg twice a day. Imaging demonstrates fairly large disc bulge at L4/S1, as well as multiple disc herniations in the cervical and thoracic spine. It was also documented that patient was being considered for surgical intervention. Documentation identifies that patient has severe pain without medications and cannot accomplish activities of daily living without them. Updated urine drug screens are identified in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 16mg #60: Upheld

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

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

Decision rationale: The patient in question has been on chronic opioid therapy. California Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. California Medical Treatment Utilization Schedule (MTUS) states that opioids should be discontinued if there is no overall improvement in function, continued pain with evidence of intolerable side effects, decrease in function, resolution of pain, patient request, or evidence of illegal activity. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. The patient is not working, but this patient's records indicate that medications provided pain relief and allowed for improved function and ability to participate in activities of daily living. Guidelines indicate that opioid use may continue if the patient has returned to work or has improvements in functioning and pain. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects, and updated urine drug screens are presented. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Norco 10/325mg #150: Upheld

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

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

Decision rationale: The patient in question has been on chronic opioid therapy. California Medical Treatment Utilization Schedule Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. California Medical Treatment Utilization Schedule (MTUS) states that opioids should be discontinued if there is no overall improvement in function, continued pain with evidence of intolerable side effects, decrease in function, resolution of pain, patient request, or evidence of illegal activity. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. The patient is not working, but this patient's records indicate that medications provided pain relief and allowed for improved function and ability to participate in activities of daily living. Guidelines indicate that opioid use may continue if the patient has returned to work or has improvements in functioning and pain. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects, and updated urine drug screens are presented. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Amirix 15mg #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): 41-42,63.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy and the effects of treatment are modest and may cause adverse effects. This patient had been using muscle relaxers since onset of injury which is longer than the recommended course of therapy of 2-3 weeks. There is no evidence in the documentation that shows evidence of muscle spasm or that the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for cyclobenzaprine is not medically necessary.