

Case Number:	CM13-0067918		
Date Assigned:	01/03/2014	Date of Injury:	02/14/2005
Decision Date:	06/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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 injured worker is a 34-year-old female who reported an injury on 02/14/2005. The mechanism of injury was not provided for review. The injured worker ultimately underwent L3-4 and L4-5 posterior spinal fusion followed by a spinal cord stimulator trial that provided 25% relief. The injured worker has been treated with physical therapy, acupuncture, epidural steroid injections and medications. The injured worker was evaluated on 11/27/2013. It was documented that the injured worker's medications included Prilosec 20 mg, Norco 10/325 mg, Fentanyl patch 25 mcg/hr 1 patch every 72 hours. It was noted within the documentation that the injured worker was monitored for aberrant behavior with urine drug screens. Physical findings included decreased lumbar range of motion secondary to pain with decreased motor strength of the right lower extremity rated at a 4/5 with decreased sensation of the right lower extremity and a straight leg raising test positive to the right. The injured worker's diagnoses included low back pain, lumbar disc with radiculitis, and post laminectomy syndrome of the lumbar spine. The injured worker's treatment plan included a refill of medications and Cyclobenzaprine. A request for implantation of a spinal cord stimulator was also made.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG ONE TAB UP TO BID AS NEEDED #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 64

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

Decision rationale: The requested Cyclobenzaprine 7.5 mg 1 tablet up to twice a day as needed #90 is not medically necessary or appropriate. Chronic Pain Medical Treatment Guidelines recommends short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain for medications considered to be muscle relaxants. The clinical documentation submitted for review does provide evidence that the injured worker has chronic pain; however, the request as it is submitted is for a 30 day supply. This exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, the clinical documentation does not provide any evidence of muscle spasming or tightness that would benefit from the use of a muscle relaxant. As such, the requested Cyclobenzaprine 7.5 mg one tablet up to twice a day as needed #90 is not medically necessary or appropriate.

NORCO 325/10 MG ONE TAB BID FOR 30 DAYS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SPECIFIC DRUG LIST, 91

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

Decision rationale: The requested Norco 10/325 mg one tablet twice a day for 30 days #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 12/2012. Chronic Pain Medical Treatment Guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior with urine drug screens; however, the injured worker's most recent clinical evaluation does not provide an adequate assessment of the injured worker's pain and there is not a quantitative assessment regarding pain relief related to medications provided. Also, the most recent evaluation does not provide any evidence of significant functional benefit related to medication usage. Therefore, ongoing use of the medication would not be supported. As such, the requested Norco 10/325 mg 1 tablet twice a day for 30 days #60 is not medically necessary or appropriate.