

Case Number:	CM13-0068930		
Date Assigned:	01/03/2014	Date of Injury:	06/27/2000
Decision Date:	05/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 Texas and Florida. 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 53 year old who was injured on 6/27/2000. The patient is being treated for low back pain, shoulder pain and bilateral legs pain. The chronic pain had continues despite lumbar laminectomy surgery, physical therapy, pool therapy and lumbar epidural steroid injections. The subjective complaints are low back pain of 4/10 with medications and 8-10/10 without medications. There are objective findings of paraspinal tenderness as well as decreased sensation and strength in left lower extremity. There are associated diagnoses of depression, stress, anxiety and insomnia. The UDS of 11/11/2013 was consistent with the presence of unspecified opioid. The medications listed are trazadone for insomnia, Wellbutrin for depression, cyclobenzaprine for muscle spasm, MS Contin, Norco and topical lidocaine/prilocaine cream for pain. A Utilization Review was rendered on 11/27/2013 recommending partial certifications of Norco 10/325mg #180 x 3 refills to no refill and cyclobenzaprine 5mg #75 x3 refill to #30 no refill for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 5 MG #75 WITH THREE (3) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-63-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that only non-sedating muscle relaxants medications be utilized as a second-line option for short term treatment of acute exacerbations of symptoms that are non-responsive to standard treatment including NSAIDs, physical therapy and exercise. The treatment with muscle relaxants should be limited to 2-3 weeks to minimize the risk of dependency, sedation and addiction associated with chronic use of sedating muscle relaxants. The patient was reported to have increase in ADL following a home exercise program. The patient has now been on cyclobenzaprine medication for several years.

NORCO 10/325 MG #180 WITH THREE (3) REFILLS: Upheld

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

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

Decision rationale: The CA MTUS recommend that the use of opioids be limited to short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is non-responsive to standard NSAIDs, physical therapy and exercise. The documentations during chronic opioid therapy should include compliance monitoring measures such as Pain Contract, UDS monitoring, absence of aberrant behavior and improvement in ADL / functional restoration. The patient have been on multiple opioids treatment for many years. She was reported to have improvement in ADL and function following a home exercise program. The concomitant use of multiple opioids with sedating muscle relaxants and sedative psychiatric medications is associated with increased incidence of fatal adverse drugs effects. The patient is also utilizing high dose morphine and trazadone medications. The continual use of Norco does not meet the recommended guidelines.