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| Case Number: | CM13-0069402 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 12/06/2011 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/21/2013 |

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 & Rehabilitation; has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 60-year-old male who reported an injury on December 06, 2011. The mechanism of injury was not stated. The patient is diagnosed with a knee sprain. The current request is for cyclobenzaprine hydrochloride 7.5 mg for the dates of service February 04, 2013 and March 05, 2013; Gabapentin 100 mg for the dates of service February 04, 2013 and March 05, 2013; and hydrocodone/APAP 10/325 mg tablets for date of service February 04, 2013. The request was submitted by [REDACTED]. However, there were no physician progress reports for [REDACTED] submitted for this review. The patient was seen by [REDACTED] on January 30, 2013. The patient reported ongoing symptomatology in the lumbar spine as well as the cervical spine, upper extremities, right hip, and bilateral knees. Physical examination on that date revealed tenderness in the cervical paraspinal muscles; limited cervical range of motion; positive Spurling's maneuver and axial loading compression test; positive palmar compression testing bilaterally; tenderness at the lumbar paravertebral muscles with limited range of motion; positive straight leg raising; dysesthesia at the L5 and S1 dermatomes, tenderness at the anterolateral aspect of the right hip; painful right hip range of motion; intact sensation in bilateral lower extremities; tenderness at the medial joint line; positive McMurray's testing; positive patellar compression testing; and painful range of motion of bilateral knees with crepitus. Treatment recommendations at that time included a lumbar epidural steroid injection as well as a Stim-4 unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 7.5MG, PRESCRIBED FEBRUARY 04, 2013 AND MARCH 05, 2013: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second line options for acute exacerbations in chronic pain. Cyclobenzaprine should not be used for longer than 2 weeks to 3 weeks. There was no physician progress report submitted on the requesting date. Therefore, there is no evidence of palpable muscle spasm or spasticity upon physical examination. The California MTUS Guidelines do not recommend long-term use of this medication. Additionally, there is no quantity stated in the current request. Based on the clinical information received, the request is non-certified.

GABAPENTIN 100MG, PRESCRIBED FEBRUARY 04, 2013 AND MARCH 05, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. There was no physician progress report submitted on the requesting date. Additionally, there is no quantity stated in the current request. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

HYDROCODONE APAP 10/325MG PRESCRIBED FEBRUARY 04, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no physician progress report submitted on the requesting date. Therefore, there is no evidence of a failure to respond to non-opioid analgesics. There is also no

quantity listed in the current request. Based on the clinical information received, the request is non-certified.