

Case Number:	CM14-0001134		
Date Assigned:	01/24/2014	Date of Injury:	11/03/2011
Decision Date:	06/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/03/2014

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, and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 11/03/2011. The mechanism of injury was not provided within the medical records submitted. The clinical note dated 10/23/2013 noted the injured worker had an epidural steroid injection with 50% improvement of pain and was taking less medication overall. The physical exam noted the injured worker had a negative straight left raise test and unremarkable neurologic findings. The prescribed medications were not listed within the medical record. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW FOR DATE OF SERVICE 10/23/13 FOR PHARMACY PURCHASE OF HYDROCODONE #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Page(s): 78.

Decision rationale: The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side

effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has had limited pain assessments that did not indicate whether the pain ratings were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request is non-certified.

RETROSPECTIVE REVIEW FOR DATE OF SERVICE 10/23/13 FOR PHARMACY PURCHASE OF CYCLOBENZAPRINE COMFORT PAC # 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cyclobenzaprine Page(s): 41-42.

Decision rationale: The CA MTUS recommends cyclobenzaprine for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. It is unclear how long the worker has been prescribed cyclobenzaprine. In addition, within the physical exam the injured worker neither complained of spasms, nor did the physical exam document muscle spasms. The submitted request did not indicate the dosage, frequency, or amount of medication requested. Hence, the request is non-certified.

RETROSPECTIVE REVIEW FOR DATE OF SERVICE 10/23/13 FOR PHARMACY PURCHASE OF TRAMADOL 50MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 78.

Decision rationale: The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has had limited pain assessments that did not indicate whether the pain ratings were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request is non-certified.