

Case Number:	CM14-0003003		
Date Assigned:	01/29/2014	Date of Injury:	08/04/2004
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 injured worker is a 42 year old female who reported an injury on 08/04/2004. The mechanism of injury was not provided in the clinical documentation. The clinical note dated 01/17/2014 reported the injured worker complained of low back pain, right shoulder pain, right hip pain, left knee pain and right buttock pain. The injured worker rated her lower back pain 5/10 and left leg pain rated at 3/10. The injured worker also reported difficulties with activities of daily living including walking/running with numbness and tingling. The injured worker reported bending/flexing, physical activity, reaching overhead, squatting, standing and walking make symptoms worse. The physical exam noted the injured worker to be mildly depressed and in moderate pain. The provider also documented the right shoulder range of motion with flexion at 160 degrees and extension at 40 degrees with mild tenderness on palpation. The provider also documented tenderness over the trochanter of the right hip. The left knee range of motion was restricted with flexion limited to 130 degrees limited by pain, with tenderness to palpation over the lateral joint line, medial joint line and patella. The provider requested cyclobenzaprine hcl 7.5 mg (# 60), oxycodone hcl 30 mg # 240, Protonix DR 40 mg (# 40), Colace 100 mg (#60) with 3 refills. The request for authorization was provided and submitted on 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRENE HCL 7.5 MG (#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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63-65.

Decision rationale: The request for Cyclobenzaprine HCL 7.5 mg # 60 is not medically necessary. The injured worker complained of low back pain, right shoulder pain, right hip pain, left knee pain and right buttock pain. The injured worker rated her lower back pain 5/10, left leg pain rated at 3/10. The injured worker also reported difficulties with activities of daily living including walking/running with numbness and tingling. The injured worker reported bending/flexing, physical activity, reaching overhead, squatting, standing and walking make symptoms worse. The Chronic Pain Medical Treatment Guidelines, recommend Cyclobenzaprine for a short course of therapy. The guidelines note Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There is a lack of objective findings indicating the efficacy of the medication. In addition the injured worker had been utilizing the medication for an extended period of time, which exceeds the guideline recommendations of 2-3 weeks. Therefore, the request for Cyclobenzaprine HCL 7.5 mg # 60 is not medically necessary.

OXYCODONE HCL 30MG (#240): 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,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-79.

Decision rationale: The request for oxycodone HCL 30 mg # 240 is not medically necessary. The injured worker complained of low back pain, right shoulder pain, right hip pain, left knee pain and right buttock pain. The injured worker rated her lower back pain 5/10, left leg pain rated at 3/10. The injured worker also reported difficulties with activities of daily living including walking/running with numbness and tingling. The injured worker reported bending/flexing, physical activity, reaching overhead, squatting, standing and walking make symptoms worse. The Chronic Pain Medical Treatment Guidelines recommend the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There is a lack of clinical documentation indicating the medications efficacy. The injured worker complained of continued pain, and difficulty with functional abilities. Additionally the provider failed to provide a current urine drug screen. Therefore, the request for Oxycodone HCL 30 mg # 240 is not medically necessary.

PROTONIX DR 40 MG (#40): 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Protonix DR 40 mg # is not medically necessary. The injured worker complained of low back pain, right shoulder pain, right hip pain, left knee pain and right buttock pain. The injured worker rated her lower back pain 5/10, left leg pain rated at 3/10. The injured worker also reported difficulties with activities of daily living including walking/running with numbness and tingling. The injured worker reported bending/flexing, physical activity, reaching overhead, squatting, standing and walking make symptoms worse. The Chronic Pain Medical Treatment Guidelines note injured workers over the age of 65 years old may be at risk for gastrointestinal events. Injured workers with a history of peptic ulcers, gastrointestinal bleed, or perforations may be at risk for gastrointestinal events. The guidelines also note Protonix is used for the treatment of dyspepsia secondary to NSAID therapy. There is a lack of clinical documentation indicating the injured worker to be at risk for gastrointestinal events. The injured worker did not have a history of GI bleed, perforation, or peptic ulcer. In addition there is a lack of objective findings indicating the injured worker to have dyspepsia secondary to NSAIDs therapy. Therefore, the request for Protonix DR 40 mg # 40 is not medically necessary.

COLACE 100 MG (#60) WITH 3 REFILLS: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

Decision rationale: The request for Colace 100 mg # 60 with 3 refills is not medically necessary. The injured worker complained of low back pain, right shoulder pain, right hip pain, left knee pain and right buttock pain. The injured worker rated her lower back pain 5/10, left leg pain rated at 3/10. The injured worker also reported difficulties with activities of daily living including walking/running with numbness and tingling. The injured worker reported bending/flexing, physical activity, reaching overhead, squatting, standing and walking make symptoms worse. The Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation should be initiated with opioid therapy. However the use of Colace would be not indicated as the request for oxycodone has been non-certified. Therefore, the request for Colace 100 mg # 60 with 3 refills is not medically necessary.