

Case Number:	CM14-0003798		
Date Assigned:	02/03/2014	Date of Injury:	10/07/2010
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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 Management, 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 44-year-old male who reported an injury on November 7, 2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included surgical intervention, spinal cord stimulator placement, and multiple medications. The injured worker was evaluated on December 6, 2013. It was documented that the injured worker had 9/10 pain reduced to 4/10 with medications. It was documented that the injured worker was able to participate in household duties and activities of daily living as a result of pain relief provided by medications. The injured worker's medications included Laxacin 50/8.6 mg, gabapentin 800 mg, nortriptyline HCl 50 mg, cetirizine HCl 10 mg, cyclobenzaprine HCl 7.5 mg, hydrocodone/APAP 10/325 mg, and Relafen 750 mg. Physical findings included limited lumbar range of motion secondary to pain with tenderness to palpation of the paraspinal musculature and a positive straight leg raising test bilaterally. There was tenderness to palpation of the sacroiliac joint bilaterally with a positive Patrick's test, positive Yeoman's test and positive Gaenslen's test. Motor strength weakness was documented in the ankle plantarflexion and ankle dorsiflexion on the right side. The injured worker's diagnoses include failed back syndrome with spinal cord stimulator implantation, radiculopathy of the lumbar spine, spondylosis without myelopathy, stenosis with neurogenic claudication, sacroiliitis, sacroiliac pain, and abnormal gait. The injured worker's treatment recommendations included a refill of medications and followup.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 7.5MG BID #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, CYCLOBENZAPRINE (FLEXERIL),

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

Decision rationale: California Medical Treatment Utilization Schedule does not recommend muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatment not to exceed two to three weeks for acute exacerbations of chronic pain. The clinical documentation does indicate that the injured worker has been on this medication for at least six months. This exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The requested cyclobenzaprine HCl 7.5 mg, sixty count, is not medically necessary or appropriate.

CETIRIZINE HCL 10MG 1 TAB QD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/zyrtec-drug/indications-dosage.htm>

Decision rationale: California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this medication. The online resource rxlist.com, an internet drug index, indicates that this medication is primarily used to treat chronic seasonal allergies. The clinical documentation submitted for review does not provide any evidence that the injured worker suffers from seasonal allergies. It is noted that the injured worker is taking this medication for inflammation; however, this is not considered an indication for this medication. The request for Cetirizine HCL 10 mg is not medically necessary or appropriate.

RELAFEN 750MG BID PRN #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, NABUMETONE (RELAFEN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s):.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does not recommend this nonsteroidal anti-inflammatory drug as a first line medication in the management of chronic

pain. The clinical documentation fails to provide any evidence that the injured worker has failed to respond to first line nonsteroidal anti-inflammatory drugs. Therefore, the use of this medication is not supported. The request for Relafen 750mg, sixty count, is not medically necessary or appropriate.

HYDROCODONE/APAP 10/325MG #120: 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, ONGOING MANAGEMENT,

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

Decision rationale: California Medical Treatment Utilization Schedule recommends continued use of opioids in the management of chronic pain be supported by ongoing documentation of functional benefit, managed side effects, a quantitative assessment of pain relief, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review indicates the injured worker has been on this medication since at least 01/2013. The injured worker's most recent clinical documentation does indicate that the injured worker has significant pain relief and functional benefit from medication usage; however, there is no documentation that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. The request for hydrocodone/APAP 10/325 mg, 120 count, is not medically necessary or appropriate.