

Case Number:	CM14-0004348		
Date Assigned:	02/05/2014	Date of Injury:	06/30/2008
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
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 California. 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:

According to the records made available for review, this is a 53-year-old female with a 6/30/08 date of injury. At the time (12/27/13) of the Decision for Cyclobenzaprine 7.5 mg (# 100) X 2, Hydrocodone 5/325 mg (#30), and Omeprazole 20 mg (#90) X 2, there is documentation of subjective (continued neck pain with pain radiating into the upper extremities with paresthesia and numbness) and objective (spasm, tenderness, and guarding in the paravertebral musculature of the cervical spine with loss of range of motion, decreased sensation is noted bilaterally in the C5 dermatomes, and positive Phalen's and reverse Phalen's signs with decreased grip strength and distal radial tenderness) findings, current diagnoses (intervertebral disc disorder with myelopathy cervical region, carpal tunnel syndrome, sprains and strains neck, and cervical brachia neuritis or radiculitis NOS), and treatment to date (medication including Cyclobenzaprine and Hydrocodone for at least 3 months and chronic NSAID therapy). Regarding Cyclobenzaprine 7.5 mg (# 100) X 2, there is no documentation of acute muscle spasm and intention to treat over a short course (less than two weeks). Regarding Hydrocodone 5/325 mg (#30), there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO CYCLOBENZAPRINE 7.5 MG (#100) X 2 DISPENSED ON 11/22/2013: 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, , 8

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CYCLOBENZAPRINE (FLEXERIL), 41-42

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of intervertebral disc disorder with myelopathy cervical region, carpal tunnel syndrome, sprains and strains neck, and cervical brachia neuritis or radiculitis NOS. However, given the 6/30/08 date of injury, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 8/2/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cyclobenzaprine. Therefore, based on guidelines and a review of the evidence, the retrospective request for Cyclobenzaprine 7.5 mg (# 100) X 2 is not medically necessary.

RETRO HYDROCODONE 5/325MG (#30) DISPENSED ON 11/22/2013: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 74-80

Decision rationale: The Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work

restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of intervertebral disc disorder with myelopathy cervical region, carpal tunnel syndrome, sprains and strains neck, and cervical brachia neuritis or radiculitis NOS. In addition, there is documentation of treatment with Hydrocodone for at least 3 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Hydrocodone. Therefore, based on guidelines and a review of the evidence, the retrospective request for Hydrocodone 5/325 mg #30 is not medically necessary.

RETROSPECTIVE OMEPERAZOLE 20 MG (#90) X 2 DISPENSED ON 11/22/2013:

Overtured

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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68-69

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of intervertebral disc disorder with myelopathy cervical region, carpal tunnel syndrome, sprains and strains neck, and cervical brachia neuritis or radiculitis NOS. In addition, there is documentation of chronic NSAID therapy. Therefore, based on guidelines and a review of the evidence, the retrospective request for Omeprazole 20 mg #90 X 2 is medically necessary.