MAXIMUS Federal Services

Case Number:	CM14-0009374		
Date Assigned:	02/14/2014	Date of Injury:	12/26/2002
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Health 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:

The patient is a 59-year-old male who has submitted a claim for wrist joint pain, hand joint pain, cervical spine strain, thoracic degenerative disc disease, cervicalgia, thoracic radiculitis, and thoracic pain associated with an industrial injury date of December 26, 2002.Medical records from 2007-2014 were reviewed. Recent clinical subjective findings were sparse. The patient complained of persistent low back pain. Physical examination showed tenderness in the lumbar-sacrum area with good range of motion to flexion. There was noted loss of lumbar lordosis. Facet loading and straight leg raise test was positive. Motor strength and sensation was intact. Imaging studies were not available for review.Treatment to date has included medications, physical therapy, chiropractic treatment, activity modification, home exercise program, hemorrhoid banding, carpal tunnel surgery, low back surgery, and lumbar epidural steroid injection. Utilization review, dated January 15, 2014, denied the request for 1 prescription for Cyclobenzaprine Hcl 10mg #60 with 5 refills because guidelines do not recommend its use for longer than 2-3 weeks. The request for 1 prescription for Norco 10/325mg #220 was modified to 1 prescription for Norco 10/325mg #55 to initiate weaning and because there was lack of improvement in function. The request for 1 prescription of Relafen 750mg #60 with 3 refills was denied as well because the request would exceed the daily maximum recommended dose.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR CYCLOBENZAPRINE HCL 10 MG, #60 WITH 5 REFILLS:
Upheld

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

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

Decision rationale: As stated on pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended for a short course of therapy, with its effect greatest in the first 4 days of treatment. In this case, the patient has been on cyclobenzaprine since July 2006 for pain control. The most recent progress report, dated February 5, 2014, stated that his function has been maintained by his medications and no major side effects were noted. However, there was no objective evidence of pain relief and functional improvement from cyclobenzaprine use. Also, the use of cyclobenzaprine has exceeded the recommended duration of treatment; therefore, the request for 1 PRESCRIPTION FOR CYCLOBENZAPRINE HCL 10 MG, #60 WITH 5 REFILLS is not medically necessary.

1 PRESCRIPTION FOR NORCO 10/325 MG, #220: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since February 2004, was shifted to another opioid (Oxycontin) and then was on Norco again on July 2013. The most recent progress report, dated February 5, 2014, stated that his function has been maintained by his medications and no major side effects were noted. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for 1 PRESCRIPTION FOR NORCO 10/325 MG, #220 is not medically necessary.

1 PRESCRIPTION FOR RELAFEN 750 MG, #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page 68, 72 Page(s): 68, 72.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines on non-selective NSAIDs page 72 states that nabumetone (Relafen) is recommended for osteoarthritis. Page 68 states that there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. In this case, patient was on Nabumetone since January 7, 2014. The pain has a chronic case of low back pain. Rationale for its use was not indicated from the medical records submitted for review. There was no mention that the patient has osteoarthritis. In addition, there has not been any documentation concerning functional improvement derived from the use of nabumetone such as improved activities of daily living. The medical necessity for its use has not been established. Therefore, the request for 1 PRESCRIPTION FOR RELAFEN 750 MG, #60 WITH 3 REFILLS is not medically necessary.

Senna 8.6mg #360 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation FDA - Senna.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that with opioid therapy, prophylactic treatment of constipation should be initiated. The FDA states that Senna is indicated for short-term treatment of constipation and preoperative and pre-radiographic bowel evacuation or for procedures involving the gastrointestinal tract. In this case, the simultaneous request for Norco has been deemed not medically necessary; hence, there is no current indication for Senna. Moreover, this medication is not indicated for long-term use. Further, the records provided for review fail to discuss the excessive quantity of medication being requested. Therefore, the request for Senna 8.6mg #360 with 5 refills is not medically.