

Case Number:	CM14-0101474		
Date Assigned:	09/16/2014	Date of Injury:	06/27/2000
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 54 year old male with an injury date of 06/27/2000. Per the 06/04/14 treatment report by [REDACTED] the patient presents with chronic leg and lower back pain. The present pain is rated 7/10. At best with medications pain is rated 4/10, and without medications the pain is rated 10/10. The reports do not state if the patient is currently working. Examination reveals tenderness to palpation over the paraspinals. There is decreased left leg extension strength, and sensory exam shows decreased left-L4, decreased left L-5 and decreased left S-1. The upper extremity exam notes tenderness over the A.C. joint, clear signs of impingement along with subacromial bursitis and pain, and limited range of motion. The patient's diagnoses include postlaminectomy syndrome of the lumbar region, lumbar/lumbosacral intervertebral disc degeneration, lumbago, thoracic/lumbosacral neuritis/radiculitis, joint pain in shoulder, other acute reactions to stress and cardiovascular disease. The patient's current medications are as listed as MS Contin, Norco, Cyclobenzaprine, Trazodone, Lidocaine-Prilocaine topical, Aspirin, Wellbutrin, Cardura, Protonix, Coreg, Lipitor, Tiazac, Tekturna, and Aldactone. The utilization review being challenged is dated 06/16/14. One treatment report was provided dated 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 5mg, 1 tablet every 8-12 hours as needed for spasms, # 75, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) MTUS Page(s): 63.

Decision rationale: The patient presents with chronic leg and lower back pain rated 7/10 average, 4/10 at best with medication and 10/10 without medication. The physician requests for Cyclobenzaprine HCL 5 mg/tablet every day 8-12 hours as needed for spasm, #75 with 3 refills. It is unknown how long the patient has been taking this medication. It shows as a continuing medication on the only treatment report provided dated 06/04/14. The MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." The MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The physician does not state that this medication is intended for short term use. The amount of medication requested and the fact that it is a continuing medication indicates that use exceeds the 2-3 weeks recommended by MTUS above. Therefore the request is not medically necessary.

Trazodone HCL 100mg, 1-2 tables at hour of sleep as needed for sleep # 60, refill x 3:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Trazodone

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illnes & Stress Trazodone (Desyrel)

Decision rationale: The patient presents with chronic leg and lower back pain rated 7/10 average, 4/10 at best with medication and 10/10 without medication. The physician requests for Trazodone HCL 100 mg (2 tablets at hour of sleep as needed for sleep) #60. The MTUS and ACOEM are silent on this medication. The ODG states the following on Trazodone (Desyrel), "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The patient's diagnoses do include other acute reactions to stress and the physician does state the medication is for sleep. However, the report provided does not discuss the patient's sleep disturbance. The physician does state, "Medications provided are medically necessary as they provide functional benefit, help the patient to better perform valued activities of daily living improved affect and overall quality of life without any tolerable side effects", and "The patient seems to be using the medications appropriately and responsibly." The statement was made in the context of all prescribed medications and there is no specific discussion how the use of this medication has helped the patient's sleep issues. No specific activities of daily living

are mentioned to show a significant change with this medication. Therefore the request is not medically necessary.

Norco 10/325mg, 1 tablet every 4-6 hours as needed for pain, # 180, refills x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

Decision rationale: The patient presents with chronic leg and lower back pain rated 7/10 average, 4/10 at best with medication and 10/10 without medication. The physician requests for Norco 10/325 mg/tablet every 4-6 hours as needed for pain #180, refills x3. It is unknown how long the patient has been taking this medication. The only treatment report provided is dated 06/04/14 and lists it as a continuing medication. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pain scales are used; however, it is not possible to compare the patient's progress against other reports as only one report was provided. The physician states the 05/06/14 drug screen results were negative for morphine due to insurance delays at the pharmacy. A copy of this report was not provided. The report also states, medications are medically necessary as they provide functional benefit, help the patient better perform activities of daily living and improve the quality of life without intolerable side effects and there are no signs of aberrant behavior or abuse. No specific activities of daily living are mentioned to show a significant change with this medication. In this case, without complete discussion of activities of daily living as required by MTUS and a more complete chronology of the use of this medication; therefore the request is not medically necessary.