

Case Number:	CM14-0106350		
Date Assigned:	09/16/2014	Date of Injury:	04/04/2003
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational Medicine, 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:

This 53 year old patient had a date of injury on 4/4/2003. The mechanism of injury was not noted. In a progress note dated 5/21/2014, subjective findings included same since last visit. Medications help decrease the pain. There is constant aching rated 8-9/10. On a physical exam dated 5/21/2014, objective findings included generalized tenderness, decreased range of motion in L/S area. The diagnostic impression shows post laminectomy, lumbar disc disease, diabetes, hypertension, gastritis. Treatment to date: medication therapy, behavioral modification, Home Exercise Program (HEP). A UR decision dated 6/10/2014 denied the request for flexeril 7.5(unspecified quantity), stating guidelines do not support long term use and this patient has been on flexeril since at least 2/14/2014. Norco 10/325 #60 was denied, stating no objective functional improvements noted. Ultram ER 150mg was denied, stating that there was no functional improvement noted with this medication which was previously attempted on 6/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg (Unspecified Quantity): Upheld

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

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In the 5/21/2014 progress report, there was no documentation of an acute exacerbation of pain. Furthermore, guidelines do not support long term use, and this medication is noted to be a refill. Therefore, the request for Cyclobenzaprine 7.5(unspecified quantity) is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 5/21/2014 progress report, there was no documented functional improvement noted with the opioid regimen. Furthermore, there was no discussion regarding adverse effects and ADLs. Therefore, the request for Norco 10/325 #60 was not medically necessary.

Ultram ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In the 5/21/2014 progress report, there was no documented functional improvement noted with the opioid regimen. Furthermore, there was no discussion regarding adverse effects and ADLs. Lastly, no quantity was provided in this request. Therefore, the request for Ultram ER 150 was not medically necessary.