MAXIMUS Federal Services

Case Number:	CM14-0011158		
Date Assigned:	02/21/2014	Date of Injury:	11/01/2000
Decision Date:	07/18/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/27/2014

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 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:

This is a female patient with the date of injury of November 1, 2000. An Integrative Summary Report dated December 13, 2013 identifies Progress Assessment of the patient is prescribed with a pain cocktail containing 2 mg of methadone and 5 mg of cyclobenzaprine to be taken twice daily to support a weaning of her current use of hydrocodone/APAP and oral cyclobenzaprine. Otherwise, she is doing very well in the medical components and looks forward to further authorized program time. In addition to individual education, she has attended medical lectures regarding injury, disease state, medication use, and pain management tools.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 5 MG QTY: 280 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that

cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it is stated the patient is prescribed a pain cocktail containing 2 mg of methadone and 5 mg of cyclobenzaprine to be taken twice daily to support a weaning of her current use of hydrocodone/APAP and oral cyclobenzaprine. However, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, the medication is not being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

METHADONE 2 MG QTY: 20 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: Regarding the request for methadone, Chronic Pain Medical Treatment Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, methadone is being prescribed as part of a pain cocktail to be taken twice daily to support a weaning of her current use of hydrocodone/APAP and oral cyclobenzaprine. However, there is no documentation identifying that methadone is being prescribed as a second-line drug and that the potential benefit outweighs the risk. In the absence of such documentation, the currently requested methadone is not medically necessary.