

Case Number:	CM14-0011734		
Date Assigned:	02/21/2014	Date of Injury:	04/15/1986
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 Tennessee. 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 60-year-old female with a 4/15/86 date of injury. She sustained cumulative trauma working as a police service aide. In a 2/12/14 progress note, the patient complained of lower body spasms. Frequency of pain is 0 at an average, 10 at its worst, and 0 with medication use. Objective findings include spasm in the lumbar paravertebral region, extension of the lumbar spine is positive for back pain, right lateral rotation of lumbar spine is positive for pack pain, left lateral rotation of lumbar spine is positive for back pain, sensation is diminished in the L5 and S1 distribution on the right. Diagnostic impressions are lumbar degenerative disc disease, lumbar disc disorder, spondylosis and lumbar with myelopathy. Treatment to date includes medication management, activity modification and surgery. A prior UR decision dated 1/16/14 modified the request for Tylenol-Codeine #4 from 150 tablets to 100 tablets for weaning purposes. Based on the currently available information, the medical necessity for the continued use of this narcotic has not been established. The request for Flexeril was denied because the provider noted that Flexeril was not helpful for this patient. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol-Codeine # 4 300 mg-600 mg tablet # 150: Overturned

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

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

Decision rationale: California 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. A prior UR decision dated 1/16/14 modified the request for Tylenol-Codeine #4 from 150 tablets to 100 tablets for weaning purposes, stating there were no documented functional gains. However, in several progress notes dated 10/25/13, 12/10/13, and 2/11/14, the patient stated that medications improve her pain by about 100%, and her function has improved about 50% so far. In addition, with opioid medications, the patient states that her sitting tolerance, standing tolerance, and walking tolerance are improved by 30-80%. Furthermore, the documentation shows evidence of a urine drug screen from 7/5/13 that was consistent for codeine use. However, this request is for Tylenol-Codeine #4 300 mg-600 mg, and Tylenol-Codeine #4 does not come in that strength, it comes in 300 mg-60 mg. It is documented in the physician's progress notes dated 7/3/13, 8/6/13, 9/3/13, 12/3/13, 12/27/13, 1/10/14, and 2/12/14 that the patient is being prescribed Tylenol-Codeine #4 300 mg-60 mg, not 300 mg-600 mg. Therefore, the request for Tylenol-Codeine # 4 300 Mg-60 Mg Tablet # 150 was medically necessary.

Flexeril 10 mg # 60: Upheld

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

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

Decision rationale: According to page 41 of the California 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 reports reviewed, it is documented that the patient has been on Flexeril continuously since at least 12/3/13, if not earlier. There is no documentation that there has been an event causing an acute exacerbation of the patient's muscle spasms. Guidelines do not support the chronic use of muscle relaxants. A specific rationale identifying why Flexeril would be required in this patient despite lack of guidelines support was not provided. Therefore, the request for Flexeril 10 mg #60 was not medically necessary.