

Case Number:	CM14-0012187		
Date Assigned:	03/07/2014	Date of Injury:	09/14/2012
Decision Date:	07/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/30/2014

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 Orthopedic Surgery 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 injured worker is a 41-year-old individual injured in September 2012. The mechanism of injury is reported as a lifting event resulting in a low back injury. Enhanced imaging studies noted degenerative changes at multiple levels of a small disc bulge. Lumbar epidural steroid injections were completed. Pain relief for several days is noted. The physical examination noted ongoing pain and muscle spasm. There was tenderness to palpation. The medication protocol was continued and the injured employee was described as temporary totally disabled. A urine drug screening was completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE VICODIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings objectified on enhanced imaging studies, the response to the multiple lumbar epidural steroid injections, as well as the complete lack of any significant response to the use of this short acting

opioid medication, there is insufficient clinical evidence presented to support the ongoing use of this medication. There is no documentation of an opioid agreement; however, urine drug screening had been completed. There is no noted improved functionality, increase in activities of daily living, or allowance for a return to work, which should be indicated according to Chronic Pain Medical Treatment Guidelines. Therefore, there is no noted efficacy with the use of this preparation. As such, the request to continue vicodin is not medically necessary.

CONTINUE XANAX CR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This preparation is used in the treatment of anxiety disorders and/or panic disorders. There is a noted significantly increased potential for abuse. The Chronic Pain Treatment Guidelines do not recommend for indefinite, long-term use, as the efficacy of long-term applications have not been established. Therefore, when noting there has not been any significant improvement or reduction in associated symptomology and the lack of documentation supporting indefinite long-term use, there is insufficient clinical data presented to support this request. Therefore the request to continue xanax is not medically necessary.

CYCLOBENZAPRIN - TRAMADOL TOPICAL COMPOUND MEDICATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, this type of compounded preparation is considered largely experimental and any compounded preparation that contains one medication that is not recommended would invalidate the entire protocol. As this medication includes a topical benzodiazepine, the long-term use of benzodiazepines has not been established and the fact that there is no objectified improvement with use of this preparation, there is insufficient clinical data presented to support the ongoing use. Therefore, Cyclobenzaprine - Tramadol Topical Compound Medication is not medically necessary.

CYCLOBENZAPRINE: Upheld

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

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

Decision rationale: Cyclobenzaprine) for a short course of therapy and evidence does not allow for a recommendation for chronic use. However, the medication appears to be used for a chronic condition. No exceptional factors are noted in the documentation submitted to consider this request as an outlier to the guidelines. As such, the medical necessity has not been established and does not appear to be clinically indicated. Therefore the request for Cyclobenzaprine is not medically necessary.

██████████ FOR POSSIBLE ADDITIONAL LUMBAR SPIDURAL STEROID INJECTION #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: While noting that the imaging studies have established multiple level degenerative changes and noting that a previous epidural steroid injection has been completed, there was no noted efficacy beyond the use of the local anesthetic. The Chronic Pain Treatment Guidelines state radiculopathy must be noted in the physical exam, along with imaging studies. The records presented do not objectify any verifiable radiculopathy consistent with the physical examination and pathology identified on imaging studies. Therefore, the request ██████████ for possible additional lumbar spidural steroid injection is not medically necessary.

CYCLOBENZAPRINE; 5: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Treatment Guidelines it is recommended to use Flexeril (Cyclobenzaprine) for a short course of therapy and evidence does not allow for a recommendation for chronic use. However, the medication appears to be used for a chronic condition. No exceptional factors are noted in the documentation submitted to consider this request as an outlier to the guidelines. As such, the medical necessity has not been established and does not appear to be clinically indicated. Therefore the request for Cyclobenzaprine; 5 (five) is not medically necessary.