

Case Number:	CM14-0014150		
Date Assigned:	02/26/2014	Date of Injury:	11/06/2002
Decision Date:	06/26/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 6, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; transfer of care to and from various providers in various specialties; and the apparently imposition of permanent work restriction. In a utilization review report dated January 30, 2014, the claims administrator denied a request for hydrocodone-ibuprofen. A comprehensive metabolic panel was also denied. Finally, Flexeril was also denied. The applicant's attorney subsequently appealed. On July 2, 2013, the applicant was described as permanent and stationary. The applicant was using Flexeril, tramadol, and Neurontin at that point in time. The applicant is apparently asked to discontinue tramadol owing to drowsiness. In a July 15, 2013 report, it was stated that a comprehensive metabolic panel indicated that the applicant was diabetic. The applicant's ALT was also elevated. The applicant was given a refill of hydrocodone-acetaminophen. On September 23, 2013, the applicant reported chronic low back pain radiating to the legs, 7/10. The applicant is having difficulty doing basic activities of daily living such as bending, lifting, twisting, sitting, standing, entering and exiting cars, etc. Permanent work restrictions were again renewed. On November 21, 2013, the applicant again reported 6 to 7/10 low back pain, again exacerbated by even basic activities of daily living, such as bending, twisting, sitting, standing, coughing, walking, and sneezing. Hydrocodone-ibuprofen, Protonix, and Flexeril were endorsed, along with permanent work restrictions. The applicant did not appear to be working. A December 31, 2013 laboratory test was notable for markedly elevated serum glucose of 337 with an elevated ALT of 64. Creatinine was normal at 0.79.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/IBUPROFEN 10/200 MG #90 QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's permanent work restrictions seemingly remain in place, unchanged, from visit to visit. The applicant is having difficulty performing even basic activities of daily living, such as sitting, standing, lifting, entering and exiting car, etc. On balance, it does not appear that the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met. Therefore, the request is not medically necessary.

ONE COMPREHENSIVE METABOLIC PANEL: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic CBC testing, renal function testing, and hepatic function testing are indicated in applicants who use NSAIDs chronically. In this case, the applicant is using a combination opioid-NSAID, hydrocodone-ibuprofen. The CMP test in question does include the renal and hepatic function testing, which are recommended by page 70 in the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant is seemingly an uncontrolled diabetic and also requires periodic monitoring of the same. Therefore, the request was/is medically necessary, on several levels.

FLEXERIL 7.5 MG.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using numerous other agents, including opioids. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.