

Case Number:	CM14-0155856		
Date Assigned:	09/25/2014	Date of Injury:	02/23/2006
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 & Rehabilitation 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 37-year-old female who reported an injury on 02/23/2006. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar radiculopathy and moderate to severe bilateral L5-S1 stenosis. Past medical treatment consists of chiropractic therapy, epidural steroid injections, and medication therapy. Medications consist of Norco, Flexeril, omeprazole, and Nortriptyline. It was noted in the documentation submitted for review that the injured worker underwent a urine drug screen on 06/23/2013, which was positive for Norco, showing consistency with prescription medications. There were no updated urine drug screens submitted for review. On 08/25/2014, the injured worker complained of low back pain. Physical examination noted that the injured worker rated her pain at a 5/10 to 8/10. It was noted on physical examination that the injured worker had tenderness to palpation to the lumbar paraspinals bilaterally. There were spasms noted at the lumbar paraspinals. Decreased sensation in the L4, L5, and S1 distribution on the left. The injured worker was noted to have decreased flexion and extension of the lumbar spine. It was noted also that the injured worker had normal symmetrical reflexes bilaterally. There was a positive straight leg raise bilaterally at 70 degrees with the pain to the mid-calf, left greater than right. The medical treatment plan was for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin (Hydrocodone/APAP), Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend short acting opioids such as Vicodin (hydrocodone/APAP) for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. An assessment should be submitted for review indicating what pain levels were before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication, nor did it mention that the medication was helping with functional deficits. It was noted in the documentation that a urinalysis was submitted on 06/23/2013, showing that the injured worker was in compliance with medications. However, there were no updated drug screens submitted for review. Additionally, there was no assessment submitted indicating what pain levels were before, during, and after medication administration. Given the above, the injured worker is not within the MTUS recommends guidelines. As such, the request of Hydrocodone/APAP 7.5/325 mg #60 is not medically necessary and appropriate.

Nortriptyline HCL 25 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 (Flexeril) Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine as an option for a short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting a shorter course may be better. It appears that the injured worker has been taking this medication since at least 04/2014, exceeding the recommended guidelines for short term use. Additionally, the request as submitted is for cyclobenzaprine 7.5 mg with a quantity of 30, also exceeding the recommended guidelines for short term use. There was no rationale submitted for review indicating that the medication was helping with any functional deficits, to warrant the continuation of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request Nortriptyline HCL 25 mg #60 is not medically necessary and appropriate.

Cyclobenzaprine 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of analgesic medication, and sleep quality and duration. Side effects include excessive sedation especially that, which would affect work performance, should be assessed. The optimal duration of treatment is not known because most double blind trials have been of short duration between 6 to 12 weeks. The submitted documentation lacked any evidence of an objective assessment of the injured worker's pain levels. Additionally, it was indicated in the submitted report that the injured worker had been taking the medication since at least 04/2014. The efficacy of the medication was not submitted for review, nor did it indicate that it was helping with any functional deficits the injured worker might have had. The request as submitted also did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request Cyclobenzaprine 7.5 mg #30 is not medically necessary and appropriate.