

Case Number:	CM14-0168863		
Date Assigned:	10/17/2014	Date of Injury:	01/07/2010
Decision Date:	11/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/14/2014

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 underlying date of injury in this case is 1/7/2010. The date of utilization review under appeal is 9/11/2014. The patient's diagnoses include lumbosacral disc degeneration and lower extremity reflex sympathetic dystrophy. On 9/2/2014, the patient was seen in primary treating physician follow-up. Medication at that time included Hydrocodone, Cyclobenzaprine, and Nabumetone. The patient was noted to have ongoing pain and was encouraged to continue medications as well as a home exercise program. The treating physician reported that the patient's pain was stable with the current treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants states regarding Cyclobenzaprine that this is indicated only for short-term use. The medical records do not provide an alternate

rationale for an exception to this guideline for long-term use. This request is not medically necessary.

Hydrocodone/acetaminophen 5/325mg, not to be dispensed prior to 12/02/14 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management discusses the four A's of opioid management. These guidelines strongly discuss the need for ongoing follow-up in order to determine a continued need for these medications, including indications, side effects, functional goals, and the effectiveness of such treatment towards those goals. This current prescription under review is a refill into the future. Such prescriptions into the future would be specifically contrary to the Medical Treatment Utilization Schedule since it would not be possible to determine the ongoing necessity of this medication into the future. This request is not medically necessary.