

Case Number:	CM14-0173666		
Date Assigned:	10/27/2014	Date of Injury:	07/21/1995
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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:

This patient is a 54 y/o male who developed chronic low back problems subsequent to an injury dated 7/21/95. He has been treated with spinal surgeries that include a 2 level fusion of L4-5, L5-S1. He has been diagnosed with a residual post laminectomy syndrome. Current treatment consists of analgesics that have remained stable for multiple years. Improvements in pain and function are adequately documented and there no pattern of medication related aberrant behaviors. Prior drug testing for multiple years did not reveal any diversion or other illicit drug use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg tab # 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

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

Decision rationale: MTUS Guidelines do not recommend the long-term use of Cyclobenzaprine beyond a few weeks' time span. There are no unusual circumstances to justify an exception to Guidelines. The Cyclobenzaprine 10mg #45 is not medically necessary.

Duragesic 25 mcg/hr patch, # 7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

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

Decision rationale: MTUS Guidelines support the responsible use of Opioids if there are benefits for pain, improved function and the absence of misuse. These 3 major conditions have been adequately demonstrated with this patient. The Duragesic 25ug/hr every 2 days #7 is medically necessary.

Hytrin 5 mg capsule, # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/hytrin-drug.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medpagetoday.com/MeetingCoverage/APA/14271>

Decision rationale: MTUS Guidelines do not address the issue of excessive sweating due to medication use. Both antidepressants and opioids can cause this problem and it is well established that Hytrin can effectively address this problem. There are no addictive properties with this medication. Under these circumstances, the Hytrin 5mg. #30 is medically necessary.

Lunesta 3 mg # 15: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment

Decision rationale: MTUS Guidelines do not address the issue of long term medications for sleep. Updated ODG Guidelines allows for the long-term use of Lyrica if the cause of insomnia is secondary (chronic pain) and no cognitive behavioral therapy (CBT) has been provided for the insomnia. If CBT is provided for 6 weeks to address the insomnia discontinued use is supported by Guidelines, however this patient has not been provided CBT for insomnia. Under these circumstances, the continued use of Lunesta 3mg. po prn #15 is supported by Guidelines and is medically necessary.