

Case Number:	CM14-0022049		
Date Assigned:	05/09/2014	Date of Injury:	08/11/2008
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with a date of injury of 08/11/2008. Per treating physician's report, 02/03/2014, patient presents with low back, lower extremity, and waist pain. Listed diagnoses are low back pain, lumbar facet syndrome, chronic pain, hip pain and lumbar disk herniation. Under discussion, the provider explains that the patient has clinically consistent lumbar facet pain with possibility of lumbar radiculopathy. The patient is benefiting from current medications. Epidural injection helped significantly from 2011. Listed medications include Pantoprazole or Protonix, Hydrocodone 2.5/325 #60, Cyclobenzaprine 10 mg 1 every 24 hours as needed for muscle spasm. Medication refilled were Pantoprazole 20 mg #30 and Hydrocodone #60. The 01/06/2014 progress report, the patient has persistent low back pain mostly radiating down the left lower extremity associated with tingling and numbness, has persistent reflux for which omeprazole helps. The combination of current medication is helping without adverse effects. Medication recommended were Flexeril #30 and Hydrocodone #60. A 10/07/2013 report states "medications do help for his pain and he takes it as needed." The patient reports being more active since taking Venlafaxine. He does home exercise including walking. Medications prescribed are Norco, Venlafaxine and Pantoprazole. The requests for the medications were denied by Utilization Review letter, 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10 MG QUANTITY 30 WITH ONE REFILL: Upheld

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 MUSCLE RELAXANTS, MEDICATIONS FOR CHRONIC PAIN Page(s): 63-66, 60-61.

Decision rationale: This patient presents with chronic low back and lower extremity pains with facet joint syndrome and disk herniation per listed diagnoses. The request is for Cyclobenzaprine 10 mg #30. California MTUS Guidelines do not support chronic use of Cyclobenzaprine. A review of the reports show that the patient has been prescribed this medication at least on 2 consecutive months. The prescription is for #30, to be taken on as needed basis. A review of the reports does not show how the patient is actually taking the medication or with what benefit. California MTUS Guidelines do not support long-term use of Cyclobenzaprine and also page 60 of California MTUS Guidelines required documentation of pain function when medication is used for chronic pain. In this case, the treating physician does not explain how this medication is actually being used with what benefit, and it is prescribed on a long-term basis more than 30 days. This request is not medically necessary.

HYDROCODONE 2.5/325 QUANTITY 60 WITH ONE REFILL: Upheld

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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: This patient presents with chronic low back with radiating symptoms to lower extremity. The request is for Hydrocodone 2.5/325 #60. A review of the reports show that the treating physician documents the combination medication "is helping." For function, it provides that the patient is walking, but no other specifics provided. For chronic opiate use, MTUS Guidelines require clear documentation of function and pain assessment. Page 78 of MTUS Guidelines require documentation of "pain assessment" that include current pain, average pain over the last 30 days, least amount of pain, time it takes for medication to work, and the duration of medications' effectiveness. Furthermore, the 4 A's including analgesia, activities of daily living, adverse effects, adverse drug-seeking behavior are required. The treating physician states that the patient has no significant side effects and has no adverse side effects, but there is no specific documentation of analgesia other than stating that the medications are helpful. California MTUS Guidelines also require use of numeric scale to denote patient's function and pain. In this case, numeric scales are not provided. Furthermore, significant changes in activities of daily living compared to baseline is not provided. This request is not medically necessary.