

Case Number:	CM14-0024995		
Date Assigned:	06/11/2014	Date of Injury:	02/14/2011
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 62-year-old male who reported an injury on 02/14/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 03/27/2013 indicated diagnoses of musculoskeletal pain and strain of the low back, multiple disc abnormalities, multiple missed appointments, and bulge of the annulus. The injured worker reported back pain of 8-9/10. On physical exam of the back, tilting to the left caused the injured worker pain, tilting to the right caused the injured worker pain, and tilting forward caused pain on both sides. The injured worker's deep tendon reflexes were intact and straight leg raise was negative. The injured worker's prior treatments included diagnostic imaging, chiropractic treatment, surgeries, and medication management. The injured worker's medication regimen included Vicodin, Skelaxin, citalopram, cyclobenzaprine, and oxycodone/APAP. The provider submitted retrospective requests for oxycodone/APAP 5/325 mg #30 dates of service 12/17/2013 through 12/24/2013 and retrospective cyclobenzaprine 10 mg #30 dates of service 12/17/2013 through 12/24/2013. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE OXYCODONE/APAP 5/325 MG, # 30 DATES OF SERVICE
12/17/13-12/24/13: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's quantified pain level and relief, functional status, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request for retrospective oxycodone/APAP 5/325mg, #30 for dates of service 12/17/13-12/24/13 is non-certified.

RETROSPECTIVE CYCLOBENZAPRINE 10MG, #30, DATES OF SERVICE 12/17/13-12/24/13: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state cyclobenzaprine is used to decrease muscle spasm in conditions such as low back pain and acute exacerbations. The guidelines also state cyclobenzaprine is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The documentation submitted did not indicate the injured worker had acute exacerbations or muscle spasms. In addition, cyclobenzaprine is recommended for short-term use. The injured worker has been prescribed cyclobenzaprine since at least 12/17/2013. This exceeds the guidelines' recommendation of 2 to 3 weeks. Additionally, there was lack of documentation of efficacy and functional improvement of the medication. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request for cyclobenzaprine 10mg, #30 for dates of service 12/17/13-12/24/13 is non-certified.