

Case Number:	CM14-0030605		
Date Assigned:	06/20/2014	Date of Injury:	01/20/2005
Decision Date:	08/11/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 63 year old male injured on 01/20/05 while delivering a load of liquid sugar felt pain in the low back. The injured worker is status post lumbar fusion of L3-4 and L4-5 on 07/02/12. Current diagnoses include post-laminectomy syndrome of the lumbar spine, lumbar radiculopathy, lumbar degenerative disc disease, abnormality of gait, and lumbar facet arthropathy. The clinical note dated 01/21/14 indicates the injured worker presented complaining of continued pain characterized as aching, burning, cramping, sharp, shooting, and tenderness. The injured worker rated the pain at 5/10 without medication and 2/10 with the use of medications. The injured worker reports symptoms radiate to the bilateral lower extremities. Physical examination of the lumbar spine reveals decreased range of motion and mild spasms with tenderness along the bilateral lumbar spinous process. Current medications include Cetirizine daily, Cyclobenzaprine 7.5mg daily, Hydrocodone/Acetaminophen 10/325mg daily 4-6 hours, Omeprazole 20mg daily, Relafen 750mg twice daily, Zolpidem 10mg at night, Lipitor 40mg, Sertraline 25mg daily, and Metformin. The initial request for Cetirizine HCL #30 and Cyclobenzaprine Hydrochloride 7.5mg #60 was initially non-certified on 02/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cetirizine HCL #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Webmd.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Online version rxlist drug-center.

Decision rationale: Current resources indicate Zyrtec (cetirizine hydrochloride) is an antihistamine that treats symptoms, such as itching, runny nose, watery eyes, and sneezing from hay fever (allergic rhinitis) and other allergies. Zyrtec is available as regular tablets and chewable tablets (5 mg and 10 mg) and syrup (1 mg/mL). It is available as an over-the-counter (OTC) drug, so no prescription is needed. There is no indication the injured worker cannot utilize the over-the-counter version of the medication if required. As such, the request for Cetrizine HCL #30 is not medically necessary.

Cyclobenzaprine HCL 7.5mg #60: 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 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Cyclobenzaprine HCL 7.5mg #60 is not medically necessary.