

Case Number:	CM14-0036888		
Date Assigned:	06/25/2014	Date of Injury:	05/01/2013
Decision Date:	07/28/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 Texas. 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 30-year-old male who sustained an injury 05/01/13 while performing repetitive lifting a five gallon paint containers. The injured worker developed complaints of mid and low back pain. The injured worker was previously treated with six sessions of physical therapy and was provided medications. No other treatment was noted. The injured worker presented on 01/06/14 with continuing complaints of mid and low back pain as well as pain the left foot. The medications at this evaluation included over-the-counter Aspirin. It was noted tenderness to palpation at the upper trapezius, musculature with paraspinal hypertonicity and spasms. Decreased sensation was reported in the right C6 and left L5-S1 dermatome. There was weakness to the left extensor hallucis longus. Hyper-reflexia was noted in the left Achilles compared to the right side. Straight leg raise signs were negative bilaterally, but there was positive tenderness to palpations over L5-S1 facets. The injured worker was referred for chiropractic therapy and prescribed Cyclobenzaprine 7.5mg #30 and Hydrocodone 5/325mg #30 at this evaluation. The requested retrospective Hydrocodone 5/325mg #30 and Cyclobenzaprine 7.5mg #30 were denied by utilization review on 02/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/APAP 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the retrospective prescription for Hydrocodone 5/325mg #30, the request is not recommended as medically necessary based on the review of the clinical documentations submitted as well as current evidence based guidelines. Although Hydrocodone is a short acting narcotic, it cannot be considered an option for the treatment of moderate to severe musculoskeletal complaints. The CA MTUS guidelines do not recommend this medication as a first-line medication for pain. There is no indication from the clinical reports that the injured worker had failed other first-line medication for pain such as anti-inflammatories at a prescription level or muscle relaxers. Given the absence of any clinical documentation indicating the injured worker had failed first-line medication for pain, this request is not medically necessary.

Retro Cyclobenzaprine 7.5mg tab #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Cyclobenzaprine 7.5mg #30, the request is recommended as medically necessary. The injured worker presented in January of 2014 with continuing complaints of myofascial pain in the mid and low back. Physical exam findings did note tenderness to palpations and hypertonicity with spasms in the lumbar spine. Per CA MTUS guidelines, Cyclobenzaprine is a recommended medication for short-term use to address acute myofascial pain and spasms. As this was noted in the clinical records from January of 2014 and there was no ongoing current prescriptions for muscle relaxers, this request is medically necessary based on the CA MTUS guidelines.