

Case Number:	CM14-0048681		
Date Assigned:	06/25/2014	Date of Injury:	04/17/1995
Decision Date:	07/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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 Orthopedic Surgery 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 58 year old male sustained an industrial injury on 4/17/95. The mechanism of injury is not documented. The patient was status post total hip arthroplasty. The 9/3/13 urine drug test report indicated the patient was taking Norco and Cyclobenzaprine. The 12/12/13 right hip x-rays documented the right acetabular component of the total hip replacement demonstrated medial migration and protrusion, with erosion of the acetabular roof, and probable soft tissue intrusion of the superior threaded screw. There was interval reduction and revision of the dislocated femoral component right total hip replacement with placement of intertrochanteric cerclage wires. The 2/13/14 treating physician progress report cited slight to moderate pain. The patient had to modify the way he got in and out of chairs or bed. Objective findings documented good stability, the range of motion comment was illegible. The diagnosis was traumatic degenerative right hip arthritis, status post total hip arthroplasty. The patient was reported improved. The treatment plan included Norco, cyclobenzaprine, and home exercise. The patient was retired. The 3/21/14 utilization review denied the request for cyclobenzaprine 7.5 mg #90 as there was no documentation of an acute increase in chronic pain or objective evidence of muscle spasms. The request for Norco 10/325mg #120 was conditionally non-certified based on an absence of necessary information to render a decision. The provider was faxed on three occasions and asked to indicate how long the patient had been taking this medication and to provide qualitative descriptors of resultant subjective and functional benefit compared to baseline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Flexeril is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met. There is no current indication of an acute exacerbation of symptoms, the patient was reported improved. There is no documentation suggestive of muscle spasms. This medication has been prescribed beyond the 2 to 3 weeks use recommended by the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.

Norco 10/325mg #120: 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 Opioids, criteria for use. Opioids, specific drug list, page Page(s): 76-80, 91.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. The provider failed to respond a request for additional information within the utilization review timeframe. Current pain levels are reported slight to moderate. There is no indication as to the current use of this medication. There is no documentation presented relative to medication response in terms of pain reduction, increased level of function, or improved quality of life. The clinical indications have not been met. As such, the request is not medically necessary and appropriate.