

Case Number:	CM14-0051071		
Date Assigned:	07/07/2014	Date of Injury:	09/28/2010
Decision Date:	08/27/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/18/2014

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 Preventive Medicine and is licensed to practice 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:

According to the records made available for review, this is a 52-year-old female with a 9/28/10 date of injury. At the time (3/3/14) of request for authorization for Hydrocodone 5/325 mg # 90 with 1 refill, Celebrex 20 mg # 60 with 1 refill, and Cyclobenzaprine 10 mg # 15 with 1 refill, there is documentation of subjective (neck and lower back pain radiating to the upper and lower extremities) and objective (cervical and lumbar paravertebral tenderness with paraspinal spasms and decreased ranges of motion) findings, current diagnoses (cervical radiculopathy, lumbar radiculopathy, headaches, and chronic pain), and treatment to date (ongoing treatment with Hydrocodone, Celebrex, and Cyclobenzaprine since at least 12/30/13 with decreased pain levels and increased activities of daily living). In addition, medical report identifies a pain contract. Regarding Celebrex 20 mg # 60 with 1 refill, there is no documentation of high-risk of gastrointestinal (GI) complications with non-steroidal anti-inflammatory drugs (NSAIDs). Regarding Cyclobenzaprine 10 mg # 15 with 1 refill, there is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 mg # 90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, lumbar radiculopathy, headaches, and chronic pain. In addition, given documentation of a pain contract, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Hydrocodone since at least 12/30/13 with decreased pain levels and increased activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of use of Hydrocodone. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 5/325 mg # 90 with 1 refill is medically necessary.

Celebrex 20 mg # 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, lumbar radiculopathy, headaches, and chronic pain. In addition, given documentation of ongoing treatment with Celebrex since at least 12/30/13 with decreased pain levels and increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Celebrex. However, there is no documentation of high-risk of GI complications with NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 20 mg # 60 with 1 refill is not medically necessary.

Cyclobenzaprine 10 mg # 15 with 1 refill: 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 Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, lumbar radiculopathy, headaches, and chronic pain. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of decreased pain levels and increased activities of daily living with use of Cyclobenzaprine, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Cyclobenzaprine. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine since at least 12/30/13, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10 mg # 15 with 1 refill is not medically necessary.