

Case Number:	CM14-0054939		
Date Assigned:	07/09/2014	Date of Injury:	06/16/2005
Decision Date:	09/05/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/24/2014

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 Nevada. 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 records presented for review indicate that this 46-year-old female was reportedly injured on June 16, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 20, 2014, indicates that there are ongoing complaints of cervical spine pain, right shoulder pain, and low back pain. Current medications include Cyclobenzaprine and meloxicam. The physical examination demonstrated decreased cervical spine range of motion. Diagnostic imaging studies of the cervical spine revealed a disc protrusion at C3-C4, C4-C5, and C5-C6. Previous treatment is unknown. Meloxicam, Cyclobenzaprine, omeprazole, and hydrocodone were prescribed. A request had been made for a meloxicam Cyclobenzaprine and hydrocodone and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 22 of 127.

Decision rationale: The California MTUS supports the use of anti-inflammatories such as meloxicam as a first-line agent for the management of chronic pain. This request for meloxicam 7.5 mg is the lowest prescribed available dose. Considering this and based on the clinical documentation provided, the request for meloxicam 7.5 mg is medically necessary.

Cyclobenzaprine 10mg #30: 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. Additionally this medication has been continually prescribed and is not being used for occasional short-term usage. For these reasons this request for Cyclobenzaprine is not medically necessary.

Hydrocodone APAP 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: Hydrocodone is a short-acting opioid combined with acetaminophen. CAMTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. Therefore, this request for hydrocodone is not medically necessary.