

Case Number:	CM14-0055866		
Date Assigned:	07/09/2014	Date of Injury:	04/23/2001
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/25/2014

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 Florida. 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 74-year-old male who reported injury on 04/23/2001. In the documentation of 03/20/2014 it revealed the injured worker's pain was 8/10 without medications and with medications the pain was 4/10. The injured worker indicated that the medications assisted to decrease his pain and carry out his daily activities with less pain. The injured worker noted pain relief from his epidural steroid injection of 07/2013. The injured worker underwent Botox injections. The injured worker had an MRI of the cervical spine. The injured worker's medications were noted to include Cialis 20 mg tablets 1 daily, hydrocodone/APAP 10/325 mg, trazodone 50 mg #90, and capsaicin 0.075%. Cyclobenzaprine 7.5 mg 1 tablet every 8 hours was an additional medication. The diagnosis included cervical disc displacement without myelopathy, neck pain, lumbago, and pain in joint shoulder. The treatment plan included hydrocodone/APAP 10/325 one and a half tablets in the morning, at noon, and 2 tablets at night, Cialis 20 mg 1 tablet daily quantity 50 with 1 refill, and cyclobenzaprine 7.5 mg 1 tablet every 8 hours. The injured worker indicated that the medications were being taken without side effects. The Flexeril was for muscle spasms as needed and Cialis was to help with erectile dysfunction as needed. The documentation indicated Norco was for pain relief. Documentation indicated the injured worker had been utilizing the medications since at least 10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone bit/APAP 10/325, QTY: 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and an objective functional benefit; however, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and the documentation indicated the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation indicated the injured worker had been utilizing the medication for at least 6 months. Given the above, the request for hydrocodone bit/APAP 10/325, quantity 150 is not medically necessary.

Cialis 20mg QTY:150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moseby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids), page 110 Page(s): 110.

Decision rationale: The California MTUS Guidelines recommend testosterone replacement for hypogonadism related to opioids for injured workers taking high dose long term opioids with documented low testosterone levels. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 6 months. There was a lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cialis 20 mg quantity 150 is not medically necessary.

Cyclobenzaprine (Flexeril) 7.5mg QTY:90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain). Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Pain Procedure Summary (last updated 03/18/20147), Muscle relaxants and Low Back Chapter, Muscle relaxants.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for

less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The documentation indicated the injured worker had been utilizing the medication for greater than 6 months. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine (Flexeril) 7.5 mg quantity 90 is not medically necessary.