

Case Number:	CM14-0063232		
Date Assigned:	07/11/2014	Date of Injury:	07/16/2003
Decision Date:	09/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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 63-year-old who reported an injury on July 16, 2003 due to an unspecified mechanism of injury. On June 12, 2014, he reported continuing back pain with radiation. A physical examination showed tenderness, pain on motion, and a positive straight leg raise test. Information regarding diagnostic studies, surgical history, diagnoses, medications, and past treatments were not provided. The treatment plan was for cyclobenzaprine 7.5 mg #90 and hydrocodone/APAP 10/325 mg #90. The Request for Authorization form and rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg ninety count: 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 Muscle Relaxants Page(s): 63.

Decision rationale: Per the note dated June 12, 2014, the injured worker reported continued back pain with radiation. He was noted to have pain on motion, tenderness, and a positive

straight leg raise. The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line treatment for the short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine, in particular, is recommended for a short course of therapy as there is limited mixed evidence that does not allow for a recommendation for chronic use. Based on the clinical information submitted for review, the use of cyclobenzaprine would not be medically necessary. There was a lack of documentation regarding the length of treatment with this medication to warrant continued use. In addition, there was no documentation showing evidence of objective functional improvement with the use of this medication. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request for Cyclobenzaprine 7.5 mg ninety count is not medically necessary or appropriate.

Hydrocodone/APAP 10/325 mg ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-ongoing management Page(s): 78.

Decision rationale: On June 12, 2014, the injured worker reported pain in the low back with radiation. He was noted to have tenderness, pain on motion, and a positive straight leg raise. The Chronic Pain Medical Treatment Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Based on the clinical information submitted for review, the injured worker had not had a satisfactory response to treatment with this medication. He continued to report unchanged pain despite the use of this medication. In addition, there was a lack of documentation regarding a proper pain assessment, objective functional improvement, appropriate medication use, and screening for side effects of this medication to support continued use. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request for Hydrocodone/APAP 10/325 mg ninety count is not medically necessary or appropriate.