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| Case Number: | CM14-0076918 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 12/06/2005 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

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 Physical medicine and Rehabilitation and is licensed to practice in California and Washington. 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 56-year-old who reported a high speed motor vehicle accident on December 6, 2005. On July 9, 2014, his diagnoses included multilevel disc herniations of the lumbar spine with moderate to severe neural foraminal narrowing, facet arthropathy of the lumbar spine, multilevel disc herniations of the thoracic spine, facet arthropathy of the cervical spine with multilevel disc herniations and mild to moderate neural foraminal narrowing. His complaints included aching and stabbing back pain in his neck that radiated into his shoulders bilaterally, which he rated at a 6-7/10. He also reported cramping, aching, stabbing, and pins and needles in his low back that radiated into the back of his legs bilaterally down to his feet, which he rated at a 4-5/10. His medications included Norco 10/325 mg, Prilosec 7.5 mg, LidoPro cream, and Terocin patches with no dosages noted. He reported side effects of dry mouth, occasional constipation, and nausea. On February 11, 2014, he had a partial laminectomy at L4-5. It was noted that he received significant pain relief with chiropractic care, a TENS (transcutaneous electrical nerve stimulation) unit, and acupuncture. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg sixty 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, pages 63-66 Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxants. Decisions are based on evidence based criteria. Muscle relaxants are supported for only short term use. Chronic use would not be supported by the guidelines. There is no documentation of how long this worker has been using cyclobenzaprine. It is recommended for a short course of therapy. Additionally, there is no frequency of administration included with the request. Therefore, this request for cyclobenzaprine 7.5 mg sixty count is not medically necessary or appropriate.

Hydrocodone/APAP 10/325 mg 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-95 Page(s): 74-95.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work, or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious, but limited for short term pain relief. In most cases analgesiac treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to but not substituted for the less efficacious drugs. Long term use may result in neurological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations, including psychosocial assessment, he was having some side effects including constipation, there was no documentation of failed trials of antidepressants or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, there was no frequency of administration specified in the request. Therefore, this request for hydrocodone/APAP 10/325 mg 120 count is not medically necessary or appropriate.

