

Case Number:	CM14-0077514		
Date Assigned:	07/18/2014	Date of Injury:	11/24/2012
Decision Date:	08/25/2014	UR Denial Date:	05/05/2014
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 Texas and Oklahoma. 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 37-year-old female with a reported date of injury on 11/04/2012. The mechanism of injury was reportedly caused when the worker bent over while holding an infant in the process of performing her duties as a [REDACTED]. The injured worker presented with low back pain and leg pain, rated at 6-8/10. Upon physical examination, the cervical spine presented with tenderness at the occipital insertion of the paracervical musculature. In addition, there was mild tenderness bilaterally in the trapezia with neurological testing intact. The cervical spine range of motion revealed flexion to 40 degrees, extension to 30 degrees, and right and left rotation to 20 degrees. The lumbar spine examination revealed tenderness in the paraspinous musculature of the lumbar region bilaterally. Midline tenderness was noted in the lumbar spine. The lumbar spine range of motion revealed flexion to 20 degrees, extension to 15 degrees, right rotation to 15 degrees, left rotation to 10 degrees, and bilateral tilt to 15 degrees. The clinical information provided for review indicated the injured worker previously attended acupuncture and aquatic therapy which was noted to not be helpful. The injured worker's diagnoses included morbid obesity, significant postsurgical lumbar discopathy, and lumbar disc annular tear. The injured worker's medication regimen included Norco, Lyrica, Mobic, OrthoDiet, Cyclobenzaprine, and Diclofenac. The Request for Authorization for Cyclobenzaprine 7.5 mg #60, Hydrocodone/APAP 10/325 mg #60, OrthoDiet #90, and Diclofenac XR 100 mg #30 was submitted on 05/20/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend Cyclobenzaprine as an option, using a short term course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The clinical information indicates the injured worker has utilized Cyclobenzaprine prior to 10/2013. There is a lack of documentation as to the therapeutic and functional benefit in the ongoing utilization of Cyclobenzaprine. In addition, the guidelines recommend Cyclobenzaprine as a short term course of therapy. The request for continued use exceeds the recommended guidelines. The request as submitted failed to provide frequency and directions for use. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. According to the clinical documentation provided for review, the injured worker utilized Norco prior to 10/2013. There is a lack of documentation related to pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for Hydrocodone/APAP 10/325 mg #60 is not medically necessary.

OrthoDiet #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.accessdata.fda.gov/scripts/cder/drugsatfda>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food.

Decision rationale: The Official Disability Guidelines recommend medical food as indicated. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, established by medical evaluation. To be considered, the product must, at a minimum, meet the following criteria: (1) the product must be food for oral or tube feeding; (2) the product must be labeled for dietary management and a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and (3) the product must be used under medical supervision. The clinical information provided for review lacks documentation related to the amount of time the injured worker has utilized OrthoDiet. There is a lack of documentation of the medication being intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The nutritional therapeutic benefit and ongoing use of OrthoDiet is not documented within the clinical information provided for review. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for OrthoDiet #90 is not medically necessary.

Diclofenac XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal ant-inflammatory drugs) Page(s): 67.

Decision rationale: NSAIDs are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. NSAIDs are recommended as a second line treatment after Acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for low back pain. For chronic low back pain, NSAIDs are recommended as an option for short term symptomatic relief. According to the documentation provided for review, the injured worker has utilized NSAIDs prior to 10/2013. There is a lack of documentation related to the ongoing therapeutic and functional benefit and the long term use of Diclofenac. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for Diclofenac XR 100 mg #30 is not medically necessary.