

Case Number:	CM14-0078523		
Date Assigned:	07/18/2014	Date of Injury:	07/09/2009
Decision Date:	09/24/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/28/2014

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 injure worker is a 51-year-old female was reportedly injured on July 9, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress notedated March 3, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities and depression. Pena stated to be 8/10 at its worst and 6/10 at its best. Current medications include cyclobenzaprine, diclofenac, gabapentin, hydrocodone/acetaminophen, and tramadol. The physical examination demonstrated an antalgic gait favoring the right side. There was tenderness of the lumbar spine paraspinal muscles and facet joints. Trigger points were also noted over the lumbar paraspinal muscles. There was normal lumbar range of motion. The neurological examination revealed decreased sensation at the L5 and S1 dermatomes on the right side. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease from L3 through L5 with dorsal annular fissures. Previous treatment was not discussed. A request was made for hydrocodone/acetaminophen, cyclobenzaprine, gabapentin and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5 mg/acetaminophen 325 mg, ninety count with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91 of 127.

Decision rationale: Hydrocodone/acetaminophen is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at 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 objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Hydrocodone 5 mg/acetaminophen 325 mg, ninety count with no refills, is not medically necessary or appropriate.

Cyclobenzaprine 10 mg, ninety count with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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 of her low back pain. For this reason, the request for Cyclobenzaprine 10 mg, ninety count with no refills, is not medically necessary or appropriate.

Gabapentin 300 mg, thirty count with no refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20,49 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation on March 3, 2014, there is evidence of neuropathic and radicular pain on exam. As such, the request for Gabapentin 300 mg, thirty count with no refills, is medically necessary and appropriate.