

Case Number:	CM14-0005554		
Date Assigned:	02/12/2014	Date of Injury:	05/19/2013
Decision Date:	03/05/2015	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66-year-old female patient with a 05/19/2013 date of injury. The patient was seen on 12/12/13 and diagnosed with sprain and strain of unspecified part of back. The progress note was hand written and partially illegible. Subjective complaints included difficulty walking more than 100-150 feet, and a recent fall on 11/25/13 due to leg spasm. However, the patient is noted to be improving with physical therapy. Objective findings include tenderness over the LS spine and SI joints. Sensation is noted to be intact. The patient was instructed to continue Hydrocodone/Acetaminophen 5-50 mg #30, Cyclobenzaprine 5 mg # 30 and Naproxen DR 375 mg #60. There is documentation of a previous 12/24/2013 adverse determination, based on the fact of lack of documentation of physical exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 5 MG TAB, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The patient was instructed to continue this medication on 12/3/13, however, there is no indication of how long this patient has been on this medication, if she has had any functional gains, or decrease in pain on VAS with this medication. In addition, there is scant information regarding the patient's subjective complaints and objective findings. Therefore, the request for CYCLOBENZAPRINE 5 MG TAB, #30 was not medically necessary.

NAPROXEN DR 375 MG TAB, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. The patient was instructed to continue this medication on 12/3/13, however, there is no indication of how long this patient has been on this medication, if she has had any functional gains, or decrease in pain on VAS with this medication. In addition, there is scant information regarding the patient's subjective complaints and objective findings. Therefore, the request for NAPROXEN DR 375 MG TAB, #60 was not medically necessary.

HYDROCODONE/APAP 5-500 MG TAB, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effect. The patient presented with an unclear medical history. The patient was instructed to continue this medication on 12/3/13, however, there is no indication of how long this patient has been on this medication, if she has had any functional gains, or decrease in pain on VAS with this medication.

In addition, there is scant information regarding the patient's subjective complaints and objective findings. Therefore, the request for HYDROCODONE/APAP 5-500 MG TAB, #30 was not medically necessary.