MAXIMUS Federal Services

Case Number:	CM14-0141647		
Date Assigned:	09/10/2014	Date of Injury:	05/10/2009
Decision Date:	01/27/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 Rehab, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 60 year old female with an injury date on 05/10/2009. Based on the 08/25/2014 handwritten progress report provided by the treating physician, the diagnosis is LS HNP with radiculopathy. According to this report, the patient complains of "low back and right leg pain presents with feet swelling." Examination findings show "lumbosacral tender and spasm." Patient is "unable to heel/toe walk." Straight Leg Raise test is positive. The patient's work status is "remain off work." The treatment plan is to "schedule P.M. consult pain," waiting for authorization, continue HEP, and renew medications and cream. The patient's past treatment consists of epidurogram, injection, lumbar epidural catheter, Chiropractic, myofascial release, and therapeutic exercise. There were no other significant findings noted on the record.The utilization review denied the request for (1) Norco 10/325 mg #60 and (2) Cyclobenzaprine 5 mg #60 on 09/10/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/14/2014 to 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 08/25/82014 handwritten report, this patient presents with low back and right leg pain. Per this report, the current request is for Norco 10/325 mg #60. This medication was first mentioned in the 07/21/2014 report, and it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In this case, the documentation provided does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.

Cyclobenzaprine 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 41; 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

Decision rationale: According to the 08/25/82014 handwritten report, this patient presents with low back and right leg pain. Per this report, the current request is for Cyclobenzaprine 5 mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms.In this case, the treating physician is requesting Cyclobenzaprine #60 and this medication was first noted in the 07/21/2014 report. Cyclobenzaprine is not recommended for long term use. The patient has been prescribed this medication longer than the recommended 2-3 weeks. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.