MAXIMUS Federal Services

Case Number:	CM14-0183849		
Date Assigned:	11/10/2014	Date of Injury:	10/15/2008
Decision Date:	01/02/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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. 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 43-year old female with cumulative trauma 10/15/08 to 3/17/14. The treating physician report dated 8/05/14 indicates that the patient presents with pain affecting right knee, mid back and low back. The physical examination findings reveal tenderness on palpation with limited range of motion and positive orthopedic evaluation to right knee, mid back and low back. Prior treatment history includes chiropractic manipulation, myofascial release, EMS, heat and exercises. The current diagnoses are: 1.P/Sx right knee2.Lumbar spine S/S3.Thoracic spine S/S4.Sleep disorder; depressive disorderThe utilization review report dated 10/24/14 denied the request for retro cyclobenzaprine 7.5 mg #60, retro omeprazole 20 mg #30 and retro hydrocodone/APAP 10/325 mg #120 based on MTUS guideline criteria not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: The patient presents with right knee pain, mid back and low back pain. The current request is for retro cyclobenzaprine 7.5 mg #60. The patient was prescribed this medication on 6/24/14. On 8/5/14 the only discussion of the patient's response to medication usage was, Patient states meds help. MTUS Guidelines recommend non-sedating muscle relaxants "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case the treating physician has prescribed the ongoing usage of a muscle relaxant that the guidelines only recommend for a 2-3 week period. Additionally, there is no documentation that patient has had any significant functional benefit from previous use as specified on page 60 of the MTUS. Retrospective request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

Retrospective request for Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with right knee pain, mid back and low back pain. The current request is for retro omeprazole 20 mg #30. The treating physician reports reviewed do not show that the patient has been prescribed any NSAIDs and there is no report of any GI complaints. MTUS guidelines states that it must be determined if the patient is at risk for gastrointestinal events, including (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no documentation provided that any of the above gastrointestinal events applies to this patient, and prophylactic usage of omeprazole while taking opioids is not recommended per the MTUS guidelines. Therefore, Retrospective request for Omeprazole 20mg #30 is not medically necessary.

Retrospective request for Hydrocodone/APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89.

Decision rationale: The patient presents with right knee pain, mid back and low back pain. The current request is for retro hydrocodone/APAP 10/325 mg #120. The patient was prescribed Norco on 6/24/14. The treating physician report dated 8/5/14 states, "Patient states meds help." MTUS guidelines state that for chronic opiate use functioning documentation is required using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. In this

case the treating physician has failed to provide proper documentation that the current prescription for Norco has provided any functional improvements and MTUS requires much more documentation to recommend continuation of opioids. Therefore, Retrospective request for Hydrocodone/APAP 10/325mg #120 is not medically necessary.