

Case Number:	CM14-0188680		
Date Assigned:	11/19/2014	Date of Injury:	04/24/2014
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, and has a subspecialty in Hospice Palatable Medicine and is licensed to practice in Pennsylvania. 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 54-year-old gentleman with a date of injury of 04/24/2014. A report dated 08/04/2014 identified the mechanism of injury as an uncomfortable inflexible chair on the lawnmower being driven for a while, resulting in pain in the lower back, upper back, and based of the neck. Treating physician notes dated 08/04/2014 and 09/08/2014 indicated the worker was experiencing pain at the base of the neck that went down to the bottom of the back, occasional pain that went into the left arm and/or left buttock, and occasional tingling in the hands and forearm. Documented examinations described tenderness throughout the back muscles with slight spasm and decreased motion in the mid- and lower back joints. The submitted and reviewed documentation concluded the worker was suffering from musculoligamentous sprain/strain throughout the back and degenerative disk disease at L5 with a disk bulge and osteophyte complex seen on MRI. Treatment recommendations included oral pain medication, physical therapy, and acupuncture. A Utilization Review decision was rendered on 10/13/2014 recommending non-certification for thirty tablets of cyclobenzaprine 5mg and partial certification of thirty tablets of hydrocodone/APAP 5/300mg. A supplemental letter dated 08/15/2014 was also reviewed. A urinary drug screen testing report dated 07/03/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg, Qty: 30: Upheld

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

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

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain at the base of the neck that went down to the bottom of the back, occasional pain that went into the left arm and/or left buttock, and occasional tingling in the hands and forearm. It was unclear when the worker started taking cyclobenzaprine. There was no discussion indicating improved pain intensity or function with the use of this therapy, assessing the presence or absence of negative side effects, or supporting its use in this setting. In the absence of such evidence, the current request for thirty tablets of cyclobenzaprine 5mg is not medically necessary. While the Guidelines support the use of an individualized taper when medications in this class are no longer needed, the submitted and reviewed documentation did not indicate the worker was actively taking this medication, so a wean would not be necessary.

Hydrocodone/APAP 5/300mg, Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

Decision rationale: Hydrocodone/APA is a combination of two pain medications, an opioid and acetaminophen. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. In addition, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain at the base of the neck that went down to the bottom of the back, occasional pain that went into the left arm

and/or left buttock, and occasional tingling in the hands and forearm. It was unclear when the worker started taking hydrocodone/APAP. There was no discussion indicating improved pain intensity or function with the use of this therapy, assessing the presence or absence of negative side effects, describing the worker's individualized risk for dependence, or supporting its use in this setting. In the absence of such evidence, the current request for sixty tablets of hydrocodone/APAP 5/300mg is not medically necessary. While the Guidelines support the use of an individualized taper when medications in this class are no longer needed, the submitted and reviewed documentation did not indicate the worker was actively taking this medication, so a wean would not be necessary.