

Case Number:	CM14-0191512		
Date Assigned:	11/25/2014	Date of Injury:	09/17/2014
Decision Date:	01/12/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of September 17, 2014. In a Utilization Review Report dated October 30, 2014, the claims administrator denied requests for cyclobenzaprine and Norco. The claims administrator stated that its decision was based on an October 22, 2014 office visit. Despite the fact that this was not a chronic pain case as of the date of the request, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a handwritten note dated September 23, 2014, the applicant presented with a primary complaint of low back pain with associated numbness about the legs. It appeared that a prescription for Orphenadrine (Norflex) was issued. The note was very difficult to follow and not entirely legible. Norflex was prescribed, along with Mobic, while six sessions of manipulative therapy were sought. On October 2, 2014, the applicant again reported persistent complaints of low back pain. Lumbar MRI imaging was sought on the grounds that the applicant's low back pain was unimproved. Chiropractic manipulative therapy was sought. Work restrictions were endorsed. Large portions of the progress note were difficult to follow and not entirely legible. The remainder of the file was surveyed. On October 23, 2014, the applicant was returned to regular duty work, despite ongoing complaints of low back pain. Acupuncture was sought. The October 22, 2014 consultation on which the drugs in question were sought was not incorporated into the Independent Medical Review packet, based on the information on file. It did not appear that the October 22, 2014 consultation on which the articles in question were sought was incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg QTY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 308, 47.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 acknowledges that muscle relaxants such as cyclobenzaprine are "optional" in the evaluation and management of low back pain complaints, as was present here on or around the date in question. This recommendation, however, is qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that it is incumbent upon the prescribing provider to discuss "other relevant information" with the applicant to ensure proper usage of medications. Here, however, the attending provider did not clearly state why cyclobenzaprine was being prescribed in addition to previously provided Norflex, another muscle relaxant. It was not clearly stated whether cyclobenzaprine was intended to replace previously prescribed Norflex or whether the attending provider intended for the applicant to use the two muscle relaxants together. ACOEM Chapter 3, page 47 further notes that usage of muscle relaxants in conjunction with NSAIDs has "no demonstrated benefit." Here, the applicant was described as using Mobic, an NSAID, on an earlier progress note of September 23, 2014. While it is acknowledged that the October 22, 2014 consultation on which the article in question was sought was not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiates the request. Therefore, the request was not medically necessary.

Hydrocodone/APAP 5/325mg QTY#30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: While the October 22, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet, the information which is on file, however, suggests that the applicant had not received a prescription for Norco up until the October 22, 2014 progress note on which it was issued. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, a short course of opioids is deemed "optional" in the evaluation and management of low back pain complaints, as was present here on or around the date in question. Therefore, the first-time request for hydrocodone-acetaminophen was medically necessary.

