

Case Number:	CM15-0005302		
Date Assigned:	01/16/2015	Date of Injury:	01/14/2010
Decision Date:	05/01/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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 40-year-old female sustained an industrial injury on 1/14/10, with subsequent ongoing neck, low back, right lower extremity and right arm pain. Treatment included transforaminal lumbar steroid injection, medications, physical therapy and acupuncture. In an office visit dated 12/4/14, the injured worker complained of right arm pain and numbness with radiation to the right shoulder and hand as well as right leg pain with numbness and tingling. Physical exam was remarkable for limited range of motion to the lumbar spine with tenderness to palpation over the lower lumbar area, tenderness to palpation to the cervical spine over the trapezius and rhomboids bilaterally. Current diagnoses included displacement of cervical and lumbar disc with radiculitis, neck pain, low back pain, thoracic pain and coccydynia. Motor strength was 5/5 to bilateral lower extremities. The treatment plan included refilling medications: Hydrocodone/APAP tab 10/325mg, Cyclobenzaprine 7.5mg, Ketoprofen Capsule 75mg and Prilosec DR Capsule 20mg. On 12/12/14, Utilization Review noncertified a request for Hydrocodone/APAP tab 10/325mg # 60, Cyclobenzaprine 7.5mg # 60, Ketoprofen Capsule 75mg # 60, Prilosec DR Capsule 20mg # 60 citing CA MTUS Guidelines. Because of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10/325mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. When prescribed, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no improvement in pain and function. Documentation lacks information regarding urine toxicology and fails to demonstrate adequate improvement in the injured worker's level of function or quality of life, to justify continued clinical use of opioids. In the absence of significant response to treatment, the request for Hydrocodone/APAP tab 10/325mg # 60 is not medically necessary.

Cyclobenzaprine 7.5mg # 60: Upheld

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

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate significant improvement in the injured worker's pain or functional status and long term use of Cyclobenzaprine is not recommended. The request for Cyclobenzaprine 7.5mg # 60 is not medically necessary per MTUS guidelines.

Ketoprofen Capsule 75mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Per MTUS guideline, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The injured worker's symptoms are chronic and ongoing, without documentation of acute exacerbation or significant improvement in symptoms or function. Furthermore, it is reported that the injured worker had complaints of side effect of heartburn with Ketoprofen. With MTUS guidelines not being met, the request for Ketoprofen Capsule 75mg # 60 is not medically necessary.

Prilosec DR Capsule 20mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA and high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Documentation does not support that the injured worker is at high risk of gastrointestinal events to justify medical necessity of Prilosec. The request for Prilosec DR Capsule 20mg # 60 is not medically necessary.