

Case Number:	CM15-0009669		
Date Assigned:	01/27/2015	Date of Injury:	05/11/2012
Decision Date:	04/03/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71-year-old male who reported an injury on 05/11/2012. The mechanism of injury was not provided. His diagnosis includes lumbosacral spondylosis. Past treatments were noted to include medications and therapy. Urine drug screens were performed on 08/19/2014 and 11/18/2014, which showed inconsistent results with the prescribed medication including hydrocodone. On 01/03/2015, it was noted the injured worker had pain that he rated 6/10 to his low back. The injured worker denied any adverse side effects with the use of the medications. Upon physical examination, it was indicated the injured worker had limited range of motion to his lumbar spine and his lumbar paraspinal spasms were less pronounced. Medications were noted to include hydrocodone, cyclobenzaprine, naproxen, and omeprazole. The treatment plan was noted to include physical therapy, medications, and a home exercise program. A request was received for cyclobenzaprine 7.5mg #90 and hydrocodone 10/325mg #60 without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

Decision rationale: According to the California MTUS Guidelines, cyclobenzaprine is not recommended for more than 3 weeks. The clinical documentation submitted for review did not indicate how long the injured worker had been on this medication and its efficacy was not described. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request did not specify duration or frequency of use. As such, the request for cyclobenzaprine 7.5 mg #90 is not medically necessary.

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review indicated the injured worker denied adverse side effects. There was a lack of documentation noting pain and ADLs with and without the use of this medication and a urine drug screen indicated that the injured worker was inconsistent with medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use. As such, the request for hydrocodone 10/325 mg #60 is not medically necessary.