

Case Number:	CM15-0108801		
Date Assigned:	06/15/2015	Date of Injury:	02/27/2003
Decision Date:	07/20/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/05/2015

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
 Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 2/27/2003. She reported a trip and fall onto her buttocks. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and cervical disc disorder with myelopathy. Treatment to date has included conservative measures. Currently (5/21/2015), the injured worker complains of frequent and severe low back pain, not rated. Her medical history included diabetes. Exam of the lumbar spine noted left lumbar spasms, positive straight leg raise, and decreased Achilles reflex. Exam of the cervical spine noted minimal tenderness and decreased range of motion. She had a radicular pattern of burning outside of the arms. It was documented that she was taking Hydrocodone since her injury in 2003. Long term use of Soma was noted, but stopped in 3/2015 (Clonazepam ordered), because of her age and side effect of making her wobbly. It was documented that she bottomed out on tapering of medication and was in need of pain management consult. Medication requests included Cyclobenzaprine and Hydrocodone. Her work status was retired. Urine toxicology was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cyclobenzaprine HCL 10mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain Page(s): 63-65).

Decision rationale: This patient receives treatment for chronic pain involving the neck and lower back. This relates to a work-related injury on 02/27/2003. The patient's lumbar disc disease with radiculopathy and cervical disc disease with myelopathy. On exam there is paralumbar muscle spasm and in the neck there is tenderness on palpation. The patient has a positive SLR and a reduced Achilles reflex. This review addresses a request for refills of cyclobenzaprine 10 mg. Cyclobenzaprine is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using cyclobenzaprine over the long-term (more than 2-3 weeks) is not recommended. Prolonged use of muscle relaxers produce side effects, which include sedation and medication dependence. Cyclobenzaprine is not medically necessary.

1 prescription of Hydrocodone/Acetaminophen 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain involving the neck and lower back. This relates to a work-related injury on 02/27/2003. The patient's lumbar disc disease with radiculopathy and cervical disc disease with myelopathy. On exam there is paralumbar muscle spasm and in the neck there is tenderness on palpation. The patient has a positive SLR and a reduced Achilles reflex. This review addresses a request for hydrocodone and acetaminophen 7.5/325 mg. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with hydrocodone/acetaminophen is not medically necessary.