

Case Number:	CM15-0143026		
Date Assigned:	08/03/2015	Date of Injury:	11/08/2000
Decision Date:	08/31/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, 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 35 year old male, who sustained an industrial injury on 11-8-00. He reported back pain. The injured worker was diagnosed as having chronic pain syndrome and lumbar post-laminectomy syndrome. Treatment to date has included lumbar fusion from L4-S1, spinal cord stimulator implantation in 2007, spinal cord stimulator removal in 2008, chiropractic treatment, epidural injections, and medication. The injured worker had been taking Hydromorphone and Cyclobenzaprine since at least 1-7-15. On 4-8-15 pain was rated as 3 of 10 with medication and 9 of 10 without medication. On 6-17-15 pain was rated as 2 of 10 with medication and 7 of 10 without medication. Currently, the injured worker complains of back pain with radiation to the left lower extremity and left buttock. The treating physician requested authorization for Hydromorphone 2mg #120 with 1 refill and Cyclobenzaprine 10mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 2 mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone Page(s): 54.

Decision rationale: According to the guidelines, Hydromorphone is indicated when intrathecal morphine has failed. It is not indicated 1st line for mechanical or compressive etiologies. In this case, the claimant was on Methadone and Oxycontin along with oral Hydromorphone for several months. There was no mention of opioid addiction or need for multiple opioids. Pain scores were not recently noted. No one opioid is superior to another. The continued use of Hydromorphone is not medically necessary.

Cyclobenzaprine 10 mg #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 Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with numerous opioids. Pain scores were not recently noted. This request is not medically necessary.