

Case Number:	CM15-0184407		
Date Assigned:	09/25/2015	Date of Injury:	08/29/2010
Decision Date:	11/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/18/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 50 year old female who sustained an industrial injury on 8-29-10. A review of the medical records indicates she is undergoing treatment for chronic back pain, backache, and spasm of back muscles. Medical records (3-25-15 to 5-6-15) indicate pain over the thoracic spine area. The physical exam (5-6-15) indicates that she has "pain deep" and that it "hurts when she breathes." She also complains of numbness "along radian nerve area." The progress report is hand written and much of it is illegible. Diagnostic studies have included x-rays of the cervical and thoracic spine, as well as an MRI of the thoracic spine. Treatment has included pain medications and muscle relaxants. She is currently (5-6-15) receiving cyclobenzaprine 10mg three times daily and hydrocodone-acetaminophen 5-325mg three times daily as needed for severe back pain. She has been receiving both medications since, at least, 3-25-15. However, on that date, the frequency of hydrocodone-acetaminophen was increased from twice daily as needed to three times daily as needed. The Utilization Review (8-14-15) indicates requests for authorization of Flexeril 10mg, 1 tablet three times daily #90 with 3 refills and hydrocodone-acetaminophen 5-325mg #120. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/325 mg/tab #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records (through 9-25-15) have not included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, history of urine drug testing, objective functional improvement, performance of necessary activities of daily living, and other first-line pain medications. The notes state do state that she has remained "stable" on her Flexeril and hydrocodone, but now has increasing complaints of low back pain. In total, the records do not indicate that she has had sustained functional improvement and documentation has not meet the cited guidelines. The injured worker should continue appropriate follow up and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, the request for hydrocodone-acetaminophen 5/325 mg/tab #120 is not medically necessary or appropriate for ongoing pain management.

Flexeril 10 mg/tab 1 tab TID #90 Ref: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Per the cited CA MTUS guideline, Flexeril (cyclobenzaprine) is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes state the injured worker has had increased low back pain even while on medications. Based on worsening symptoms and use greater than short-term, the request for Flexeril 10 mg/tab 1 tab TID #90 Ref: 3 is not medically necessary per the MTUS guidelines.