

Case Number:	CM15-0191789		
Date Assigned:	10/05/2015	Date of Injury:	02/24/1995
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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: Pennsylvania, Ohio, California
 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 52 year old female, who sustained an industrial injury on February 24, 1995, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease, lumbar spondylosis and lumbar radiculopathy. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, diagnostic imaging, physical therapy and home exercise program, modified work duties and activity restrictions. Currently, the injured worker complained of persistent low back pain with left lower extremity pain and numbness radiating into the toes. She rated her pain 3 out of 10 on a pain scale from 1 to 10, with pain medications and 6 out of 10 without pain medications. She was noted to have limited range of motion with flexion and extension of the lumbar region. She was diagnosed with myalgia and myositis with lumbar degenerative disc disease. The treatment plan that was requested for authorization on September 29, 2015, included prescriptions for Cyclobenzaprine 20 mg, #180, Hydrocodone-acetaminophen 10-325 #180 and Ibuprofen 800 mg #160. On September 15, 2015, a request for a prescription for Cyclobenzaprine 20 mg #180 was modified to #90; a prescription for Hydrocodone #180 was modified to #60; and a prescription for Ibuprofen 800 mg#180 was modified to #270 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 20mg #180: 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): Muscle relaxants (for pain).

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

Hydrocodone-acetaminophen 10-325mg #180: 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, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Ibuprofen 800mg #160: Overturned

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): Anti-inflammatory medications.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review concluded that this medication is not medically necessary due to lack of documentation of current use or efficacy. However multiple physician notes including of 8/31/5 document ongoing Ibuprofen use and patient-reported benefit from this medication. This class of medication is particularly recommended in a situation such as the current one where two other drug classes have been recommended for taper and/or discontinuation. For these multiple reasons, overall this request is medically necessary.