MAXIMUS Federal Services

Case Number:	CM15-0197194		
Date Assigned:	10/12/2015	Date of Injury:	09/11/2002
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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 49 year old female, who sustained an industrial injury on 9-11-02. Medical records indicate that the injured worker is undergoing treatment for chronic pain state, gastroesophageal reflux disease, asthma, hematuria and muscle cramping possibly related to chronic proton pump inhibitor medication usage leading to magnesium lowering. The injured worker was noted to be working. On (7-16-15) the injured worker noted that her pain levels fluctuated but she was able to perform her customary work duties. The injured worker was noted to be doing well emotionally. Specific pain sites or pain levels were not indicated. Objective findings noted that the injured worker was alert, oriented and well hydrated. The abdomen was noted to be soft with minimal epigastric tenderness. Treatment and evaluation to date has included medications, CT scan of the abdomen and physical therapy. Current medications include Tramadol, Albuterol inhaler, Ranitidine, Flexeril (since at least May of 2015), Parafon Forte, Tylenol # 3 (since at least April of 2015) and Nexium. The current treatment requests include Acetaminophen with Codeine # 3 # 100 with 2 refills, Cyclobenzaprine 10 mg # 30 with 2 refills and Chlorzoxazone 500 mg # 60 with 2 refills. The Utilization Review documentation dated 9-10-15 non-certified the requests for Acetaminophen with Codeine # 3 # 100 with 2 refills and Cyclobenzaprine 10 mg # 30 with 2 refills and modified Chlorzoxazone 500 mg # 60 with no refills (original request 2 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen COD-3 #100, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Acetaminophen with Codeine. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Acetaminophen with Codeine is not considered as medically necessary.

Chlorzoxazone 500mg #60, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Chlorzoxazone, as a treatment modality. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that Chlorzoxazone is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above-cited MTUS guidelines, only short-term use is recommended. For this reason, Chlorzoxazone is not medically necessary. In the Utilization Review process, this request was modified to allow for a short-term supply of Chlorzoxazone. This action is consistent with the above-cited guidelines.

Cyclobenzaprine 10mg #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Cyclobenzaprine, as a treatment modality. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Regarding cyclobenzaprine, these guidelines state that treatment with this medication should be brief. In this case, the medical records indicate that Cyclobenzaprine is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above-cited guidelines, only short-term use is recommended. For this reason, Cyclobenzaprine is not medically necessary.