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| Case Number: | CM15-0027081 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 05/04/2013 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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: 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 39 year old female who sustained an industrial injury on 05/04/2013. Current diagnoses include persistent low back pain with mild degenerative disk disease, right thumb/wrist sprain/strain, and coccygeal pain. Previous treatments included medication management. Report dated 01/26/2015 noted that the injured worker presented with complaints that included back and hand pain. Physical examination was positive for abnormal findings. Utilization review performed on 02/04/2015 non-certified a prescription for Vicodin and Flexeril, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with unrated lower back and thumb pain - side unspecified. The patient's date of injury is 05/14/13. Patient has no documented surgical history directed at this complaint. The request is for VICODIN 5/300MG #90. The RFA is dated 01/29/15. Physical examination dated 01/26/15 reveals mild tenderness to palpation of an unspecified wrist and MCP joint of unspecified thumb. Treater also notes decreased range of motion to the lumbar spine. No other physical findings are included. The patient is currently prescribed Vicodin and Flexeril. Diagnostic imaging was not included. Per 01/26/15 progress note patient is advised to return to work with modifications. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 also states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In regards to the request for Vicodin, treater has not provided adequate documentation of medication efficacy to continue this medication. Progress notes provided indicate that this patient has been receiving Vicodin since at least 03/24/14, though there is no discussion of pain relief or functional improvement attributed to this medication in the subsequent reports. Additionally, there is no discussion of aberrant behavior or consistent urine drug screens provided. Owing to a lack of 4A's documentation as required by MTUS, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

Flexeril 10mg, #30 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with unrated lower back and thumb pain - side unspecified. The patient's date of injury is 05/14/13. Patient has no documented surgical history directed at this complaint. The request is for FLEXERIL 10MG, #30 WITH 1 REFILL. The RFA is dated 01/29/15. Physical examination dated 01/26/15 reveals mild tenderness to palpation of an unspecified wrist and MCP joint of unspecified thumb. Treater also notes decreased range of motion to the lumbar spine. No other physical findings are included. The patient is currently prescribed Vicodin and Flexeril. Diagnostic imaging was not included. Per 01/26/15 progress note patient is advised to return to work with modifications. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regards to the request for Cyclobenzaprine, treater has specified an excessive

duration of therapy. It appears that progress report 11/03/14 is the initiating prescription. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are appropriate for acute exacerbations of lower back pain. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 30 tablets with 1 refill does not imply short duration therapy. Therefore, the request IS NOT medically necessary.