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| Case Number: | CM15-0217947 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 06/11/2010 |
| Decision Date: | 12/22/2015 | UR Denial Date: | 10/29/2015 |
| Priority: | Standard | Application Received: | 11/05/2015 |

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: North Carolina

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 male, who sustained an industrial injury on 6-11-10. The injured worker was diagnosed as having essential primary hypertension, calculus of ureter; cervical radiculopathy; cervical spinal fusion (2002, 2003, and 2013). Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-21-15 indicated the injured worker complains of neck and low back pain. He reports his physician has moved out of town. He reports he is a status post cervical fusion and then 11 months later has another fusion C5-6 and C6-7 for a total of 2 levels in 2002 and 2003. He was involved in the motor vehicle accident in 2010 and his pain got worse. He had a cervical spine fusion at C3-4 and C4-5 in 2013. Since that time he has had chronic pain and prescribed flexeril and Norco and meloxicam. He is currently working. He reports he has trouble sleeping. The provider documents his pain is "CT to scapular area with radiating pain to the 'small of my back'. He reports residual numbness at the left 3rd finger and mild 1- finger with average VAS 3-4 out of 10 with medications". He reports his pain control is adequate. He "signed a pain agreement, informed consent for opiates, CURES and UDS". The provider is requesting a refill of his medications. He documents "I am starting him on Lorzone as a non-narcotic muscle spasm medication that is non-sedating. In addition, he has been on cyclobenzaprine for this, which is better for his use. The hydroxyzine is also a non-habituating sleep medication. He will use the other medications PRN as he has for many years." PR-2 note dated 3-4-15 indicated these medications with the exception of Lorzone were prescribed at that time. A Request for Authorization is dated 11-5-15. A Utilization Review letter is dated 10-29-15 and non-certification for Cyclobenzaprine 10mg #60; Hydroxyzine 25mg

#60 and Lorzone 750mg #90. A request for authorization has been received for Cyclobenzaprine 10mg #60; Hydroxyzine 25mg #60 and Lorzone 750mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: 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): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Also 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic neck pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Hydroxyzine 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, hydroxyzine.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of pruritus, allergic reactions and anxiety. The patient does not have these diagnoses due to industrial incident. Therefore the request is not medically necessary.

Lorzone 750mg #90: 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: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Also 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic neck pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.