

Case Number:	CM15-0052918		
Date Assigned:	03/26/2015	Date of Injury:	05/06/2014
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, 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:

This is a 48 year old male patient, who sustained an industrial injury on 5/6/2014. The mechanism of injury was not provided for review. The diagnoses include healing right comminuted calcaneus fracture and mild depression. Per the progress note dated 2/5/2015, he had complains of right ankle and heel pain. He had improved activity and function with medications. The physical examination revealed antalgic gait, tenderness of the right ankle/heel and decreased spasm of calf musculatures. The current medications list includes Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine. He has had right foot x ray showed no acute fracture; CT of right lower extremity on 9/29/14 and 11/3/2014 which revealed healing of calcaneus fracture. He has had TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. He has had urine drug screen on 10/20/2014, 12/19/2014 and 1/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: hydrocodone 10/325mg #60 dispensed 2/5/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Request: Retro: hydrocodone 10/325mg #60 dispensed 2/5/15. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control was not documented in the records provided. Response to lower potency opioids like tramadol was not specified in the records provided. Response to anticonvulsant or antidepressant for chronic pain was not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Retro: hydrocodone 10/325mg #60 dispensed 2/5/15 is not established for this patient. Therefore, the request is not medically necessary.

Retro: naproxen 550mg #90 dispensed 2/5/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Request: Retro: naproxen 550mg #90 dispensed 2/5/15. Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic right ankle and heel pain with history of comminuted calcaneus fracture. Patient is having objective findings on physical examination including tenderness, spasm and antalgic gait. NSAIDs are considered first line treatment for pain and inflammation. The request for Retro: naproxen 550mg #90 dispensed 2/5/15 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Retro: cyclobenzaprine 7.5mg #90 dispensed 2/5/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), page 64.

Decision rationale: Request: Retro: cyclobenzaprine 7.5mg #90 dispensed 2/5/15. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had chronic right ankle and heel pain with history of comminuted calcaneus fracture. Patient is having objective findings on physical examination including tenderness, spasm and antalgic gait. Therefore the patient had chronic pain with significant objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Retro: cyclobenzaprine 7.5mg #90 dispensed 2/5/15 is medically appropriate and necessary to use as prn during acute exacerbations.