MAXIMUS Federal Services

Case Number:	CM15-0082114		
Date Assigned:	05/04/2015	Date of Injury:	08/06/2002
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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 61 year old male, who sustained an industrial injury on 8/6/02. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar post-laminectomy syndrome; degeneration of lumbar intervertebral disc; psychalgia; anxiety state; depressive disorder; psychophysiological disorder. Treatment to date has included status post L4- L5 discectomy and posterior fusion (2005); medial branch nerve blocks L1 and L2 (2/25/15); pain psychology sessions x6; medications. Diagnostics included X-rays lumbar spine (8/17/14). Currently, the PR-2 notes dated 4/8/15 indicated the injured worker returns to the office on this date as a follow-up on his low back pain. He has a history of L4-5 discectomy and posterior fusion in 2005. He has had a diagnostic medial branch block for left l1, L2 and L3 MB with 70% reduction in pain on 2/25/15. However, he was unable to tolerate the right sided procedure. He would like to proceed at this time. He has not completed the remaining authorized sessions of psychotherapy. His medications were reviewed and reduce his pain by 50% and request a refill on this date. The physical examination documents antalgic gait favoring left; ambulates with single point cane. The provider has included this request in his treatment plan: Hydrocodone- Acetaminophen 10/325mg #180 and Cyclobenzaprine 10mg #30 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone-Acetaminophen 10/325mg #180 is not medically necessary and appropriate.

Cyclobenzaprine 10mg #30 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 10mg #30 x 2 refills is not medically necessary and appropriate.