

Case Number:	CM14-0120154		
Date Assigned:	08/06/2014	Date of Injury:	07/08/1995
Decision Date:	09/30/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old female who reported an injury on 07/09/1965; the mechanism of injury was not provided. Diagnosis included lumbar spondylosis. Past treatments included physical therapy and medications. Diagnostic studies included an MRI of the lumbar spine, dated 11/20/2013, which revealed L2-3 disc herniation and moderate stenosis, and L3-4 degenerative disc disease with mild stenosis and slight anterolisthesis, unofficial. A CT of the lumbar spine, dated 04/08/2014, revealed L4-S1 fusion with pedicle screws and rods, a solid bony fusion from L4-S1, and degenerative changes at L2-3 and L3-4. Surgical history included an L4-S1 lumbar fusion in 1999. The clinical note dated 07/01/2014 indicated the injured worker complained of low back and bilateral hip pain. Physical exam revealed normal muscle strength and sensation. Medications included clonazepam 0.5 mg, gabapentin 300 mg, cyclobenzaprine 10 mg, and hydrocodone 10/325 mg. The treatment plan included Norco 10/325 mg #120 for breakthrough pain and Amrix 15 mg #30 for muscle pain and spasms. The request for authorization form was dated 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Specific Drug List Hydrocodone/Acetaminophen Page(s): 77-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that the criteria for the ongoing management of opioid use includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids and include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker had been taking the requested medication since at least 02/19/2014 and continued to have complaints of low back and bilateral hip pain. The clinical documentation does not provide evidence of quantified pain relief and an improvement in function with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating when a urine drug screen was last performed. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for Norco 10/325 mg #120 is not medically necessary.

Amrix 15 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The California MTUS guidelines indicate that Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant recommended as an option for back pain, using a short course of therapy. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better, and treatment should be brief. Amrix is a brand name for cyclobenzaprine. The injured worker had been taking the requested medication since at least 02/19/2014 and continued to have complaints of low back and bilateral hip pain. The continued use of Amrix would exceed the guideline recommendation for a short course of treatment. There is a lack of quantified evidence of pain relief and functional improvement while taking the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for Amrix 15 mg #30 is not medically necessary.