

Case Number:	CM14-0122558		
Date Assigned:	08/06/2014	Date of Injury:	10/08/2013
Decision Date:	10/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 35-year-old male who was reportedly injured on 10/08/2013. Previous treatment has included chiropractic care and oral medications. Magnetic resonance imaging studies, dated 07/17/2014, noted mild disc bulges at several levels with only mild foraminal compromise and no spinal cord issues. A progress note, dated 07/17/2014, indicated the injured worker was having a flare up of pain rating 8/10 without medication and 4/10 with medication. No activities of daily living were stated to be able to be performed without the pain medication. On physical examination, a slightly depressed affect was noted. No antalgic gait was present. Diagnoses included thoracic spondylosis without myelopathy. A request was made for cyclobenzaprine 10 mg 1 tab bid (two times daily) # 60 and hydrocodone 5 mg acetaminophen 325 tablet 5-325 # 30 refill 3 and was not certified on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg 1 tab bid (two times daily) # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Muscle Relaxants Page(s): 41, 64 OF 127.

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of muscle spasms nor are there spasms present on physical examination. Additionally, this medication has been prescribed for usage twice a day rather than on an as needed basis. For these reasons, this request is not medically necessary.

Hydrocodone 5 mg acetaminophen 325 tablet 5-325 # 30 refill 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: Hydrocodone/acetaminophen is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The California MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The progress note, dated July 17, 2014, provided documentation of objective pain relief with the use of Norco and an increase of the ability to work. Considering this, the request is medically necessary.