

Case Number:	CM14-0147590		
Date Assigned:	09/15/2014	Date of Injury:	10/21/2005
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational 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 patient is 50-year-old male who has submitted a claim for cervical spondylitis with myelopathy associated from an industrial injury date of 10/21/2005. Medical records from 2013-2014 were reviewed, the latest of which dated 09/08/2014 revealed that the patient has continued pain over the cervical and lumbar spine. Pain is rated at 8 out of 10. Pain is increased with prolonged positions and activities. Patient describes weakness and radiating pain, as well as tingling and numbness to the right lower extremity. Physical examination revealed tenderness on palpation over both the cervical and lumbar spine. There is limited range of motion for both. Straight leg raising test produces pain in the lumbar spine bilaterally and extending into the gluteal region. Treatment to date has included oral medications for chronic pain and a home exercise program. Utilization review from 09/03/2014 denied the request for Cyclobenzaprine and Hydrocodone but reasons for denial was not included in the medical records submitted. Patient has been on Cyclobenzaprine and Norco since at least December 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Cyclobenzaprine: Upheld

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

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

Decision rationale: As stated on page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. The patient has been on cyclobenzaprine since at least December 2013 for pain. However, the duration of treatment is beyond guideline recommendation. Furthermore, the request does not include dosage and duration. The medical necessity for cyclobenzaprine was not established. Therefore, the request for unknown dosage of Cyclobenzaprine is not medically necessary.

1 prescription of Hydrocodone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opioids Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on Hydrocodone/APAP (Norco) since at least December 2013. There was no documentation of pain relief or objective evidence of functional improvement with opioids. In addition, no pain contract was noted on the documents reviewed. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Hydrocodone 10mg is not medically necessary.

Unknown prescription of Colace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, patient has been on opioid therapy since at least December 2013; hence, prophylactic treatment for constipation has been established. However, the simultaneous request for hydrocodone has been deemed not medically necessary. There is no clear indication for certifying a stool softener at this time. The request likewise failed to specify dosage and quantity to be dispensed. Therefore, the requested Colace is not medically necessary at this time.

Unknown prescription of Cyclobenzaprine compounded topical medication: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication is topical cyclobenzaprine, which is not recommended for use. There is no discussion concerning a need for variance from the guidelines. Therefore, the requested cyclobenzaprine compound topical medication is not medically necessary or appropriate.