

Case Number:	CM14-0148516		
Date Assigned:	09/18/2014	Date of Injury:	11/20/2012
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/12/2014

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:

According to the records made available for review, this is a 29-year-old male with a 11/20/12 date of injury. At the time (8/11/14) of the Decision for Cyclobenzaprine 7.5mg bid #90, Xanax Xr 0.5mg Bid #90 for anxiety disorder, and Hydrocodone/Apap 10/325mg q6h #180, there is documentation of subjective (upper and lower back pain with pain and numbness in the bilateral lower extremities,) and objective (decreased thoracic and lumbar range of motion, myofascial trigger points and taut muscle bands were noted, positive Romberg's test, and decreases sensation on the dorsum and soles of the feet up to the ankle) findings, current diagnoses (lumbosacral radiculopathy and chronic myofascial pain syndrome), and treatment to date (medications (including ongoing treatment with Hydrocodone/Apap, Cyclobenzaprine and Xanax since at least 5/20/14). Medical report identifies that medications improve the patient's ability to function and perform activities of daily living. Regarding Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment. Regarding Xanax, there is no documentation of short-term (up to 4 weeks) treatment. Regarding Hydrocodone/Apap, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg bid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain)Antispasmodics Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculopathy and chronic myofascial pain syndrome. In addition, there is documentation of ongoing treatment with Cyclobenzaprine. Furthermore, given documentation of ongoing treatment with opioids, there is documentation of Cyclobenzaprine used as a second line agent. Lastly, given documentation that Cyclobenzaprine improves the patient's ability to function and perform activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Cyclobenzaprine use to date. However, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given documentation of Cyclobenzaprine use since at least 5/20/14, and given a prescription of 90 tablets of Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg bid #90 is not medically necessary.

Xanax Xr 0.5mg Bid #90 for anxiety disorder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculopathy and chronic myofascial pain syndrome. In addition, there is documentation of ongoing treatment with Xanax. Furthermore, given documentation that Xanax improves the patient's ability to function and perform activities of daily living, there is documentation of

functional benefit and improvement an increase in activity tolerance as a result of Xanax use to date. However, given documentation of ongoing treatment with Xanax since at least 5/20/14, and given a prescription of 90 tablets of Xanax, there is no documentation of short-term (up to 4 weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Xanax Xr 0.5mg Bid #90 for is not medically necessary.

Hydrocodone/Apap 10/325mg q6h #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculopathy and chronic myofascial pain syndrome. In addition, there is documentation of ongoing treatment with Hydrocodone/APAP. Furthermore, given documentation that Hydrocodone/APAP improves the patient's ability to function and perform activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Hydrocodone/APAP use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Apap 10/325mg q6h #180 is not medically necessary.