MAXIMUS Federal Services

Case Number:	CM14-0164263		
Date Assigned:	10/09/2014	Date of Injury:	07/18/2013
Decision Date:	11/04/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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 case involves a 33 year old male who sustained an industrial injury on July 18 2013 involving his neck, shoulders, low back, left knee and right ankle. He has ongoing complaints of headache (7/10), neck pain with upper extremity radiation, low back pain (6/10) with lower extremity radiation with occasional left knee and chest pain. Examination describes reduced range of motion in the cervical and lumbar spine, cervical and lumbar paraspinal spasms and a positive left straight leg raise test. He has received a sudoscan, which showed normal upper extremity conductance with abnormal symmetry. Drug screening with this individual is inconsistent; with some tests returning appropriately positive results and others (on 6/2/14, 6/30/14 and 8/26/14) being negative for opioids or metabolites. He has previously received physical therapy, acupuncture, chiropractic and lumbar ESI's. He currently receives cyclobenzaprine for muscle spasms and Norco for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #30: 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): page(s) 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: Official Disability Guidelines (ODG) does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The available records do not completely document the effect of the opioid medication and most importantly the urine drug screens indicate that the "appropriate medication use" requirement is not being met. As such, the request for Norco 5/325 mg #30 is not medically necessary.

Cyclobenzaprine Hydrochloride 5 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics, Page(s): page 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (FlexerilÂ®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for cyclobenzaprine, "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. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: determine the aim of use of the medication; determine the potential benefits and adverse effects; and determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Available records do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. Official Disability Guidelines (ODG) states the

follow regarding cyclobenzaprine: "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for cyclobenzaprine 5 mg #30 is not medically necessary.

Follow-up visit with an orthopedic specialist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): pages 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits

Decision rationale: Official Disability Guidelines (ODG) states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". ACOEM states in the neck and upper back section "Referral for surgical consultation is indicated for patients who have: persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term; and unresolved radicular symptoms after receiving conservative treatment" This individual is documented to have radicular pain that has proven refractory to standard treatment modalities and given that there need to be a change in pharmaceutical therapy (as detailed in the above decisions); this request is medically necessary.