

Case Number:	CM14-0165654		
Date Assigned:	10/10/2014	Date of Injury:	04/20/1998
Decision Date:	11/12/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 a 67 year old male who was injured on 04/20/1998 when he suffered a fall at work injuring his spine. Prior treatment history has included physical therapy, chiropractic therapy and spinal Prior utilization review dated 09/13/2014 by [REDACTED] states the request for 1 prescription Cyclobenzaprine 10mg #60 is denied as it is not medically necessary.; 1 prescription Suboxone 2-0.5mg #150 with 1 refill is modified to one prescription without refill because 30 day supply is congruent with guideline recommendations. Medical record indicate patient has chronic pain, recently undergone detoxification, patient wish to increase dose from 2 to 3 times a day to 5 times a day for better pain control. Prior medication history included Celebrex 200 mg, cyclobenzaprine 10 mg, hydrocortisone, Lidoderm 5%, Lyrica 50 mg, and Suboxone 2 mg. Toxicology report dated 05/22/2013 detected morphine, hydrocodone, Norhydrocodone and hydromorphone. Office visit dated 09/05/2014 states the patient presented with complaints of back pain rated as 9/10. He also reported spasms of the low back that interferes with his sleep. He is mildly unsteady and his risk for fall is low. On exam, he has forward flexed posture. Lumbar spine range of motion exhibits flexion limited to 20 degrees; extension limited to 20 degrees; right side bending is limited to 20 degrees. Straight leg raise is positive bilaterally. The patient is diagnosed with degeneration of the lumbosacral intervertebral disc, chronic pain syndrome, spondylosis without myelopathy, lumbar post laminectomy syndrome, and disorder the lumbar disc. The patient was recommended to continue with his medications including cyclobenzaprine 10 mg and Suboxone 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Cyclobenzaprine 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41; 63.

Decision rationale: According to the CA MTUS guidelines, Flexeril (cyclobenzaprine) is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. The patient appears to be using Flexeril chronically, which is not recommended. The medical necessity of Flexeril is not established.

1 prescription Suboxone 2-0.5mg #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Suboxone (buprenorphine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27.

Decision rationale: Guideline states that Suboxone (buprenorphine) is recommended for opiate addiction and chronic pain. Prior utilization review dated 09/13/2014 by [REDACTED] states 1 prescription Suboxone 2-0.5mg #150 with 1 refill is modified to one prescription without refill because 30 day supply is congruent with guideline recommendations. Medical record indicate patient has chronic pain, recently undergone detoxification, patient wish to increase Suboxone dose from 2 to 3 times a day to 5 times a day for better pain control. Since the Suboxone dose was just increased, the patient's response should be followed up prior to refill. The medical necessity of Decision for 1 prescription Suboxone 2-0.5mg #150 with 1 refill is not established.