

Case Number:	CM14-0172637		
Date Assigned:	10/23/2014	Date of Injury:	04/28/2010
Decision Date:	12/02/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 Interventional Spine 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 55 year old female with an injury date on 04/28/2010. Based on the 09/17/2014 progress report provided by [REDACTED], the diagnoses are degenerative disc disease, cervical spine; spondylosis, C5-6; spondylolisthesis, C3-4; facet arthropathy, C3-6; and bilateral carpal tunnel syndrome. According to this report, the patient complains of "head, neck, bilateral upper extremity and mid back pain persists and remains unchanged since her last office visit." Medications "are effectively reducing her pain level from a 10/10 to a 7-8/10 in intensity. The patient reports that the medications allow her to maintain her current level of function and she denies any negative side effects with use." Physical exam reveals indicates "weight: 124lbs, height: 5'1", BMI: 23.62, BSA: 1.56, BP: 114/69, Pulse: 58." The patient's work restriction consists of no heavy lifting over 20lbs with the left upper extremity. There were no other significant findings noted on this report. The utilization review denied the request on 10/08/2014. [REDACTED] is the requesting provider, and provided treatment reports from 07/23/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120, refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 09/17/2014 report by [REDACTED] this patient presents with "head, neck, bilateral upper extremity and mid back pain persists and remains unchanged since her last office visit." Medications "improve her functional independence for activities of daily living and her ability to access the local community. Without medications, the patient would experience a significant escalation in pain and would prevent her from maintaining her current level of activities." There are no aberrant drug behaviors and side effect. The provider is requesting Norco 10/325mg, #120, refill: 1. Norco was first mentioned in the 07/23/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain and a general statement regarding ADL's. Aberrant drug seeking behavior and medication side effect were discussed. However, no outcome measures are provided. There is no specific opiate monitoring such as urine toxicology or CURES. No specific ADL's are mentioned to determine whether or not significant improvement has been achieved. No validated instruments are used to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

Cyclobenzaprine 10mg, #30, refill: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64, 63.

Decision rationale: According to the 09/17/2014 report by [REDACTED] this patient presents with "head, neck, bilateral upper extremity and mid back pain persists and remains unchanged since her last office visit." The provider is requesting Cyclobenzaprine 10mg, #30, with 3 refills for muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most low back pain cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicates this patient has been prescribed this medication longer than the recommended 2-3 weeks. The provider is requesting Cyclobenzaprine #30 with 3 refills and this

medication was first noted in the 07/23/2014 report. Cyclobenzaprine is not recommended for long term use. The provider does not mention that this is for a short-term use. Therefore, this request is not medically necessary.

Xanax 0.25mg, #60, refill: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 09/17/2014 report by [REDACTED] this patient presents with "head, neck, bilateral upper extremity and mid back pain persists and remains unchanged since her last office visit." The provider is requesting Xanax 0.25mg, #60, with 1 refill. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Xanax since 07/23/14 and it is unknown exactly when the patient initially started taking this medication. In this case, there is a request for Xanax #60 with 1 refill, but the provider does not mention why this medication is being prescribed. The provider does not mention that this is for a short-term use. Therefore, this request is not medically necessary.