

Case Number:	CM14-0219149		
Date Assigned:	01/26/2015	Date of Injury:	11/13/2000
Decision Date:	03/12/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 injured worker (IW) is a 56 year old female, who sustained an industrial injury on November 13, 2000. She has reported moderate to severe low back pain and lower extremity radicular pain and was diagnosed with neural encroachment of the bilateral lumbar 5 through sacral 1 spine with radiculopathy. Treatment to date has included diagnostic procedures, radiographic imaging, physical therapy, epidural injections, acupuncture therapy, pain medications and lifestyle modifications. Currently, the IW complains of severe low back pain with associated radiculopathies. The IW sustained an industrial injury on November 13, 2000. Since the injury she has tried several failed conservative therapies as listed above. The pain is noted to continue and is worse with activity. On July 22, 2014, evaluation revealed continued pain. The pain medications were renewed and the treatment plan was updated to include continuing with the prescribed therapies. On November 7, 2014, the pain continued. Another epidural steroid injection was recommended. Improved standing and walking was noted with a previous injection. On December 29, 2014, Utilization Review non-certified a request for hydrocodone 7.5/325mg #90, modified to #48 and cyclobenzaprine 10mg # 30, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 31, 2014, the injured worker submitted an application for IMR for review of hydrocodone 7.5/325mg #90, modified to #48 and cyclobenzaprine 10mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any objective improvement in pain and function as required and defined by MTUS guidelines and long term plan for opioid use. There is no documentation of any benefit to pain with patient complaining of 6/10 pain for months. Norco is not medically necessary.

Cyclobenzaprine 10 mg #30: Upheld

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

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. There is no documented plan for weaning. Cyclobenzaprine is not medically necessary.