

Case Number:	CM15-0003773		
Date Assigned:	01/14/2015	Date of Injury:	01/21/2014
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 is a 37 year old male, who sustained an industrial injury on January 21, 2014. He has reported right foot pain, right ankle pain, and pain of the upper, mid, and lower back. The diagnoses have included lumbar spine disc displacement, cervical spine spondylosis, thoracic spine spondylosis, lumbar spine radiculopathy, right shoulder bursitis, right knee chondromalacia, and right ankle arthralgia. Treatment to date has included physical therapy, aqua therapy, an ankle brace, home exercises and medications. Currently, the injured worker complains of continued right knee, shoulder and ankle pain, along with neck and mid back pain, and lower back pain with leg symptoms. The treating physician requested prescriptions for cyclobenzaprine and hydrocodone. On December 18, 2014 Utilization Review partially certified the request for the prescription for hydrocodone with an adjustment in quantity, and non-certified the request for the prescription for cyclobenzaprine noting the lack of documentation to support the medical necessity of the medication. The MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #90: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although there was a report of him taking hydrocodone regularly without side effects, there was insufficient reporting on the functional outcome and pain reduction (measurable) directly related to the chronic use of this medication. The provider encouraged a taper, but did not specify any specific goal or plan with this. Due to the documentation not showing evidence of long-term benefit, the hydrocodone will be considered medically necessary. Weaning is recommended, but in a more well-planned and executed fashion so as to actually achieve a lowering of this medication over time.

Cyclobenzaprine 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient documentation to report any long-term functional gains directly related to the chronic use of cyclobenzaprine. Regardless, this medication is not recommended for chronic use, and will be considered medically unnecessary.