

Case Number:	CM15-0123593		
Date Assigned:	07/08/2015	Date of Injury:	07/08/2014
Decision Date:	08/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/26/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 is a 54-year-old male, with a reported date of injury of 07/08/2014. The mechanism of injury was climbing a ladder and his right foot slipped. Pressure was placed on his right arm and right leg. The injured worker's symptoms at the time of the injury included an immediate onset of back pain with radiation of pain down his leg and numbness in all the toes of his right foot. The diagnoses include displacement of lumbar intervertebral disc, lumbar degenerative disc protrusion, and low back pain with lumbar radiculopathy. Treatments and evaluation to date have included lumbar spine surgery in 01/2015, inpatient physical and occupational therapies, lumbar epidural steroid injections, outpatient physical therapy, oral medications, and a bone growth stimulator. The diagnostic studies to date have included an MRI of the lumbar spine which showed foraminal herniation of the L5-S1 disc and moderate to severe stenosis at L4-5 on the right; x-rays of the lumbar spine which showed spondylolisthesis at L4-5 and mild multilevel degenerative change in the lumbar spine; and an x-ray of the lumbar spine on 05/28/2015 which showed satisfactory fusion of the spine at L4-S1 and posterolateral fusion; and incomplete fusion. The follow-up evaluation dated 05/28/2015 indicates that the injured worker had some improvement in his symptoms. He had been taking two Dilaudid a day. The examination showed satisfactory sensory, motor, and deep tendon reflexes. The treatment plan included an x-ray of the lumbar spine on the day of the visit and follow-up in six weeks. The treating physician recommended the continuation of Cyclobenzaprine. The follow-up evaluation dated 05/14/2015 indicates that he injured worker had back pain, and took one Dilaudid 2mg a day. It was noted that the Dilaudid had some effect, but did not appear to be strong enough. The

bone growth stimulator seemed to cause spasms in the back. The treating physician noted a probable increase in the dose of Dilaudid to two tablets per day. The treatment plan included follow-up in six weeks. The treating physician requested Dilaudid 2mg and Cyclobenzaprine 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2 mg (quantity unspecified): 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): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. It was documented that the injured worker had been taken off Vicodin and started on Dilaudid 2mg on 03/18/2015. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There was no discussion of improvement in specific activities of daily living as a result of Dilaudid, and the records are not consistent with a decreased dependence on medical treatment, as there have been ongoing frequent visits with the treating physician. Specific functional goals and an opioid contract were not discussed. The quantity of the medication was not specified on the request. Therefore, the request for Dilaudid is not medically necessary.

Cyclobenzaprine 15 mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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 show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The medication is associated with drowsiness and dizziness. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some

medications in this class may lead to dependence. The guidelines indicate that "treatment should be brief." The guidelines recommend cyclobenzaprine for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker has been taking Cyclobenzaprine since at least 05/14/2015. The treating physician recommended that the injured worker continue with cyclobenzaprine 15mg at night to help him sleep and for muscle spasms. The quantity of the medication was not specified on the request and no muscle spasms were noted on examination. Therefore, the request for Cyclobenzaprine is not medically necessary.