

Case Number:	CM15-0171750		
Date Assigned:	09/14/2015	Date of Injury:	06/10/1999
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
 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 51-year-old female who sustained an industrial injury on June 10, 1999. Diagnoses have included lumbago, degenerative lumbosacral intervertebral disc, and displacement of lumbar disc without myelopathy. Documented treatment provided includes medication including Vicodin, Motrin, and Amrix which the July 28, 2015 report states helps bring her pain from an 8 to a 5-6 out of 10, and home exercise. She is working 5 hours at a time with modifications, but states the pain becomes worse after working her shift. The injured worker continues to report constant right low back pain, with range of motion of flexion 50 degrees with pain, and extension of 10 degrees. The treating physician's plan of care includes Vicodin 5-300 mg, Motrin 600 mg, and Amrix 15 mg which were denied on August 12, 2015. The last toxicology screen provided was performed July 28, 2015 showing all negative except for opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin for several months in combination with NSAIDS and muscle relaxants. There was no mention of Tylenol, Tricyclic or weaning failure. Pain score reduction with use of medications showed decreasing benefit. The continued use of Vicodin is not medically necessary.

Motrin 600mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months in combination with opioids and muscle relaxants. There was no mention of Tylenol, Tricyclic or weaning failure. Pain score reduction with use of medications showed decreasing benefit. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.

Amrix 15mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Amrix) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Amrix to other agents is not recommended. The claimant had been on Amrix for several months in combination with opioids and NSAIDS. Continued use of Amrix is not medically necessary.