

Case Number:	CM15-0069875		
Date Assigned:	04/17/2015	Date of Injury:	10/15/2013
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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: California, Indiana, New York
Certification(s)/Specialty: 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 34-year-old female with an industrial injury dated October 15, 2013. The injured worker diagnoses include multilevel disc herniations of the lumbar spine with neural foraminal narrowing, facet arthropathy of the lumbar spine and sacroiliac (SI) joint dysfunction. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine 12/3/2013, prescribed medications, physical therapy, home exercise therapy and periodic follow up visits. In a progress note dated 3/11/2015, the injured worker reported persistent low back pain rated a 7/10 on the pain scale. The injured worker described the pain as an aching and burning with radiation down the left lower extremity to the foot. Objective findings revealed tenderness to palpitation in the left lower lumbar facet regions and mild antalgic gait. The treating physician prescribed Apap (acetaminophen) with Codeine 300/30mg #60 and Cyclobenzaprine 7.5 mg tab, 1 tab by mouth as needed #60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP w/Codeine 300/30 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, APAP/codeine 300/30 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are multilevel disc herniations of the lumbar spine with neural foraminal narrowing, facet arthropathy lumbar spine, and SI joint dysfunction. The earliest progress note in the medical record is dated August 28, 2014. The injured worker was taking Norco 10/325 mg and Flexeril (cyclobenzaprine). In a progress note dated December 2014, Norco was changed to APAP/codeine 300/30 mg #60. There was no clinical rationale in the medical record for the change from Norco. The VAS pain scale is 7-8/10. In a progress note dated March 11, 2015, the injured worker has continued low back pain with no pain scale documented. APAP/codeine 300/30 mg is taken twice a day in conjunction with Flexeril, Naproxen, Pamelor and Lidopro. The documentation states the pain is unchanged. There is no documentation evidencing objective functional movement with ongoing APAP/codeine 300/30 mg #60. There are no risk assessments in the medical record and there are no detailed pain assessments in the medical record (with ongoing opiate long-term use). Consequently, absent clinical documentation with objective functional improvement, risk assessments in detail pain assessments and no overall improvement in subjective pain relief, APAP/codeine 300/30 mg #60 is not medically necessary.

Cyclobenzaprine 7.5 MG Tab, 1 Tab By Mouth As Needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg PO PRN #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are multilevel disc herniations of the lumbar spine

with neural foraminal narrowing; facet arthropathy lumbar spine; and SI joint dysfunction. The earliest progress note in the medical record is dated August 28, 2014. The injured worker was taking Flexeril (Cyclobenzaprine) 7.5 mg at bedtime. Documentation from December 2014 and March 11, 2015 shows the injured worker is still taking Flexeril. There is no documentation of muscle spasm in the medical record. The guidelines recommend Cyclobenzaprine for short-term (less than two weeks) treatment of acute exacerbation of chronic low back pain. There is no documentation the medical record of an acute exacerbation of chronic low back pain or acute onset of low back pain. The treating provider exceeded the recommended guidelines for short-term use by continuing Cyclobenzaprine, at a minimum, in excess of eight months. Additionally, there is no documentation evidencing objective functional improvement ongoing Cyclobenzaprine. Consequently, absent compelling clinical documentation to support the ongoing long-term use of Cyclobenzaprine, Cyclobenzaprine 7.5 mg PO PRN #60 is not medically necessary.