
Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/29/2013
Date of Injury: 9/25/2005
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006110

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, and is licensed to practice in Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49-year-old male with a reported date of injury on 09/25/2005; the mechanism of injury was not provided within the medical records. The patient had low back pain, tightness in the neck and shoulder region, muscle spasms, tenderness in the lumbar spine, stiffness in the lumbar spine, tenderness at the right posterior superior iliac spine, and cervical paraspinal muscle stiffness. The patient's straight leg raise was full and pain free and there was normal sensory in the bilateral lower extremities. The patient carried diagnoses of left shoulder adhesive capsulitis, chronic left shoulder pain, chronic neck pain, and chronic low back pain. The provider's treatment plan consisted of request for hydrocodone 10/325 mg, cyclobenzaprine 10 mg, and 4 urine drug screens.

IMR DECISION(S) AND RATIONALE(S)

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

1. Prescription of Hydrocodone 10/325mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, pg. 78, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that the patient presented with low back pain of sharp, shooting, stabbing, constant quality. The patient had tightness in the neck and shoulder region with worsening of the patient's neck pain. The patient had spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar area. Spasms were

noted in the cervical paraspinal muscles and stiffness was noted in the cervical spine. Per the provided documentation, the medication hydrocodone was being utilized to control breakthrough pain. The California MTUS Guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose should be prescribed to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Within the provided documentation, the requesting physician did not include an adequate pain assessment including the patient's current pain, the least reported pain over the period since the last assessment, average pain, the intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Within the provided, documentation, the requesting physician did not include adequate documentation of a significant satisfactory response to treatment as indicated by the patient's decreased pain, increased level of function, or improved quality of life. Additionally, within the provided documentation, the requestor did not indicate whether the patient was obtaining prescriptions from a single practitioner, using medications as directed, and obtaining all prescriptions from a single pharmacy. **The request for prescription of Hydrocodone 10/325 mg #60 is not medically necessary and appropriate.**

2. Prescription of Cyclobenzaprine 10mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, pg. 63-66, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records submitted indicates that the patient presented with low back pain of sharp, shooting, stabbing, constant quality. The patient had spasms in the lumbar paraspinal muscles, as well as the cervical paraspinal muscles. The provider noted cyclobenzaprine helped for muscle pain and spasm, but caused drowsiness. The California MTUS 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 LBP (Low Back Pain) cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The California MTUS Guidelines notes cyclobenzaprine, if recommended, for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Per the provided documentation, it appeared the patient had been utilizing cyclobenzaprine since at least 12/19/2012. The guidelines do not recommend the use of cyclobenzaprine for chronic use, but as a short course of therapy for patients with

chronic low back pain. Additionally, the requesting provider did not include adequate objective functional improvement with the use of the medication in order to demonstrate the efficacy of the medication. **The request for prescription cyclobenzaprine 10mg #60 is not medically necessary and appropriate.**

3. Four urine drug screens is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, pg. 43, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records submitted indicates that spasms were noted in the cervical paraspinal muscles and stiffness was noted in the cervical spine. Per the provided documentation, the medication hydrocodone was being utilized to control breakthrough pain and cyclobenzaprine helped for muscle pain and spasm, but caused drowsiness. Urine drug screens performed on 06/10/2013 and 07/01/2013 were consistent with the patient's prescribed medication regimen. The California MTUS Guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. Within the provided documentation, it did not appear the patient had a history of medication misuse. The patient last underwent a urine drug screen on 07/01/2013. The frequency of the requested urine drug screens was not consistent with guideline recommendations. Additionally, it was unclear when the 4 requested drug screens would be administered. **The request for (4) four urine drug screens is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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CM13-0006110