

Case Number:	CM13-0001805		
Date Assigned:	11/20/2013	Date of Injury:	08/02/2010
Decision Date:	05/16/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39 year old female who was injured on 08/02/2010. Prior treatment history has included aquatic therapy. The patient is status post cervical fusion with discectomy and decompression from C4 to C7, 09/19/2012. 04/26/2013 Medication include Norco 5/325 mg (discontinued, increased to 10/325 mg), 06/03/2013 Medication includes Norco 10/325 mg 2 times per day. 08/07/2013 Medication includes discontinued Norco 10/325 mg, start MS Contin 15 mg every 12 hours, #60. 10/09/2013 Medication include MS Contin 15 mg every 12 hours, #60. Urine toxicology report dated 09/19/2013 revealed positive detection for hydrocodone, hydromorphone, and acetaminophen screen. PR dated 04/26/2013 documented the patient with complaints of worsening spasms and increased pain to the right greater than the left cervical spine. The patient reported that the medications he was taking at that time did not help with spasms or pain. Objective findings on exam revealed tenderness to palpation present over the, right greater than left, paravertebral musculature and upper trapezius. Trigger points were noted with palpable twitch response over the right rhomboid, trapezius and levator scapulae. PR-2 dated 06/03/2013 documented the patient to have complaints of continued neck pain with trapezius spasm. She noted continued pain with numbness and tingling into the arms down to the hands. PR-2 dated 08/07/2013 documented the patient to have complaints of continued neck pain and spasm type pain in the right per scapular region. Medication used was Norco 10/325 mg 2 times a day. The last dose was taken on 08/07/2013. Objective findings on exam revealed tenderness to palpation over the anterior and posterior paraspinal musculature and trapezius pain, right side greater than left. Spasms were also noted. Follow up dated 09/27/2013 documented the patient's pain was rated at 7/10. On a typical day, the patient awakens slowly and gets up from her bed. She waits for her caregiver to arrive within a few minutes from waking to assist her with morning routine of showering and grooming. The caregiver prepares the meals and the patient

spends the rest of the day trying to stay safe and not re-injure her neck. Functional assessment review recommended assistance with some activities of daily living. She needed assistance with putting on clothes upper and lower, along with bathing and grooming. The patient was recommended to receive continued home health aide to provide her with the needed ADLs and IADLs. PR-2 dated 10/09/2013 documented the patient to have complaints of worsening symptoms than before cervical fusion. Her pain level was 6 to 7 out 10 with constant nagging irritation from the right lower side of her face to bilateral neck, shoulders, arms, forearms, hands and wrist. The patient had a burning sensation in her bilateral upper extremities with spasm in the upper back and shoulders. When sleeping, she stated that she snored and was unable to breath. Objective findings on exam showed well healed scars of the cervical spine. There was pain and tenderness over the anterior and posterior paraspinal musculature especially to the right side. Range of motion of the cervical spine was decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS -PAIN MANAGEMENT AGREEMENT Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/ Acetaminophen, Page(s): 91.

Decision rationale: Per CA MTUS, the medication is indicated for moreate to moderately severe pain which the patient is documented to have. The patient was previously taking Norco which was discontinued in August 2013 and she was switched to MS Contin. There is no documentation in the records provided why the patient was switched, whether the medication was no longer helpful and what the current and past pain levels were with the medication. Based on the lack of documented benefits for this medication. Therefore, the request in not medically necessary.

FEXMID 7.5 MG, QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN-MUSCLE RELAXANT FOR PAIN..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41.

Decision rationale: Per CA MTUS, cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The patient was injured over 3 years ago, there is no documentation that the patient has ever been on this medication, however, the request is for a quantity of 60 pills which would go beyond the recommended usage for this type of medication. The request is therefore non-certified.

