

Case Number:	CM13-0014608		
Date Assigned:	10/03/2013	Date of Injury:	10/14/2005
Decision Date:	01/31/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 Physical Medicine and Rehabilitation 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 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.

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 31-year-old female who reported an injury on 10/14/2005. The mechanism of injury was not submitted for review. The patient developed chronic bilateral shoulder pain and low back pain. The patient's past medical treatment included surgery to the bilateral shoulders, epidural steroid injections, physical therapy, and medication usage. The patient's medications included Tylenol, Norco, and Flexeril. The patient's most recent clinical exam findings included a negative straight leg raising test bilaterally, positive facet provoked pain bilaterally, moderate tenderness and muscle spasming of the bilateral lumbar musculature at the L3-S1 levels, and bilateral shoulder pain. The patient's treatment plan included continued medication usage and an MRI of the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #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.

Decision rationale: The requested cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical

Treatment Utilization Schedule does not recommend the extended use of muscle relaxants in the treatment of chronic pain. Additionally, the use of this medication is not supported by functional benefit, as spasming and tenderness to palpation of the paraspinal musculature was determined during the most recent physical examination findings. As California Medical Treatment Utilization Schedule only recommends a short course of treatment up to 2 to 4 weeks of this medication, the requested 60 tablets exceeds this recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate.

Vicodin 5/500mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Vicodin 5/500 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has "pain relief" as a result of the medication usage and that the patient is stable on the prescribed medication schedule. However, California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of functional benefit, quantitative measures of pain relief, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any quantitative measures to support pain relief. There is no documentation of significant functional benefit related to this medication. Additionally, there is no documentation that the patient is being monitored for aberrant behavior. Therefore, continued use of this medication would not be indicated. As such, the requested Vicodin 5/500 mg #60 is not medically necessary or appropriate.

Tylenol 500mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60.

Decision rationale: The requested Tylenol 500 mg #100 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic pain complaints and is unable to take nonsteroidal anti-inflammatory drugs. California Medical Treatment Utilization Schedule recommends the continued use of medication in the management of chronic pain be supported by significant pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has any significant pain relief or functional benefit as a result of this medication. There are no

quantitative measures to assess pain relief or specific examples of functional benefit to support continued use. As such, the requested Tylenol 500 mg #100 is not medically necessary or appropriate.