

Case Number:	CM13-0021471		
Date Assigned:	11/08/2013	Date of Injury:	07/08/1993
Decision Date:	01/13/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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 & 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. 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 underlying date of injury in this case is 07/08/1993. Treating appear to outline diagnoses of status post a right knee re-arthroscopy, status post right wrist carpal tunnel release, right shoulder pain with a cervical strain, and status post a left long finger trigger release. A prior physician review concluded that information was available to certify treatment and noted that a request had been made for information from the treating physician. A request for surgical authorization of 08/14/2013 from the treating physician reviews the patient's medical history including a left long finger trigger release on 05/09/2013 and a requested revision at that time for a possible inclusion cyst versus retained suture.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription for Cyclobenzaprine HCL 7.5mg, #60 between 7/2/2013 and 7/2/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle Relaxants Page(s): 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Muscle Relaxants, page 64, states regarding Cyclobenzaprine, "Recommended for a short course of

therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." The medical records at this time do not provide an alternative rationale as to why this medication would be indicated on a chronic basis. This request is not medically necessary.

Hydrocodone Bit/Acet 10/325mg, #60 between 7/2/2013 and 7/2/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records from the treating provider are limited and/or illegible to a significant degree. These records do not support this information regarding the 4 domains of Opioid management consistent with guidelines. This request is not medically necessary.