

<b>Case Number:</b>	CM13-0031409		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Internal 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 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 patient is a 58-year-old female with a date of injury of 02/04/2011. Under consideration is a request for hydrocodone/APAP 10/325 mg #60, lorazepam 2 mg #60, and cyclobenzaprine 10 mg #60. The patient presented on 05/31/2013 with continued complaints of headaches and inflammation in the neck. The patient reported that her neck pain radiated through her left arm and hand. No objective findings were documented on that date. The diagnoses were documented as cervical degeneration, joint pain in the shoulder, brachial neuritis/radiculitis, and cervical brachial syndrome. The provider recommendations included request for authorization for a new cervical spine MRI and medication refills of Norco 10, Ativan, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #60:** 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 Opioids Page(s): 78-79.

**Decision rationale:** California MTUS Guidelines require certain criteria for ongoing monitoring of opioid use. The criteria includes documentation of the "4 A's" (adverse effects, activities of

daily living, aberrant behaviors, and analgesic efficacy), which is lacking in the clinical information submitted for review. Additionally, the urine drug screen performed on 09/13/2013 was positive for lorazepam, but negative for opiates. Therefore, the patient's compliance with the medication regimen could not be established. Furthermore, there is no current clinical information submitted for review to indicate functional benefit being obtained through the continued use of the requested medication. As such, the medical necessity of hydrocodone/APAP 10/325 mg #60 has not been established.

**Lorazepam 2mg #60:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for chronic or long-term use for anxiety, pain, muscle relaxant purposes, or any other purpose because long-term efficacy is unproven and there is risk of dependence. The medical records provided for review indicate the patient has been prescribed lorazepam, but there is no documented evidence of functional improvement which would meet the criteria for utilizing the medication outside the guidelines. As such, the medical necessity of lorazepam 2 mg #60 has not been established.

**Cyclobenzaprine 10mg #60:** 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 Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** California MTUS Guidelines recommend cyclobenzaprine as a short course of therapy option. As such, treatment should be brief and addition of other agents is not recommended. Muscle relaxants are indicated for muscle spasms documented in physical examination findings. The clinical information submitted for review lacks current objective documentation of muscle spasms, length of use of medication, or the efficacy of the requested medication. As such, the medical necessity for cyclobenzaprine 10 mg #60 has not been established.