

Case Number:	CM13-0034031		
Date Assigned:	12/06/2013	Date of Injury:	05/03/2012
Decision Date:	01/16/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesia, 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 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 38-year-old female who reported an injury on 05/03/2012. Her symptoms include neck pain, low back pain with bilateral lower extremity radiculopathy symptoms, abdominal complaints, headaches, and sleep disturbance. Objective findings include tenderness in the bilateral upper trapezius region, positive Spurling's test bilaterally, palpable tenderness at midline L3 to L5 region with tenderness in the bilateral paraspinal muscle region, negative straight leg raise testing, and normal muscle strength of the lower extremities. Her diagnoses are listed as cervical thoracic strain with secondary cephalgia, lumbosacral strain/arthritis, status post contusion of the left foot, psychological complaints, and sleep disturbance. According to clinical notes, the patient has been taking Norco and cyclobenzaprine as needed for pain and muscle spasm for greater than 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, long-term assessment Page(s): 88.

Decision rationale: The MTUS Guidelines state that for long-term use of opioids re assessment needs to be done with documentation to include whether the diagnosis has changed and other medications the patient is taking. Documentation should also include whether the opioids are effective or producing side effects, other treatments that have been attempted since the use of opioids, whether they have been effective, how long they have been effective, pain relief and functional improvement compared to baseline, any adverse effects, whether the patient appears to need a psychological consultation, and whether there is an indication for a screening instrument for abuse and addiction. The patient was noted to have pain related to cervical thoracic strain and lumbosacral strain. However, the detailed documentation required for long-term use of opioid medications was not provided for review. With the absence of this detailed documentation, the request is not supported. The request for Hydrocodone 10/325 mg #60 is not medically necessary and appropriate.

Cyclobenzaprine 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42.

Decision rationale: The MTUS Guidelines state that cyclobenzaprine is recommended as an option for a short course of therapy. It further states that the effect was shown to be the greatest in the first 4 days of treatment, suggesting that shorter courses may be better. It states again that treatment should be brief, and that there is also a postop use. Additionally, the MTUS guidelines state that the addition of cyclobenzaprine to other agents is not recommended. The patient has been stated to have pain related to cervical thoracic strain and lumbosacral strain. It was noted that she was taking cyclobenzaprine as needed for muscle spasm. The patient was also noted to be taking Norco as needed for pain as well as omeprazole 20 mg and diclofenac XR 100 mg a day. As MTUS guidelines state that cyclobenzaprine should not be used for long-term treatment and that it should not be used in addition to other agents, the use of this medicine for the patient is not supported. The request for Cyclobenzaprine 7.5 mg #60 is not medically necessary and appropriate.