

<b>Case Number:</b>	CM13-0041144		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/24/2007
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 who reported an injury on 05/24/2007. The mechanism of injury was not provided for review. The patient developed chronic cervical and bilateral shoulder pain in combination with posttraumatic stress disorder. The patient's chronic symptoms were managed with medications, a home exercise program and psychological support. The patient's most recent clinical documentation supported that the patient was functional with current medication usage. The patient was monitored for aberrant behavior with urine drug screens. Physical findings included limited range of motion of the cervical spine with diffuse muscle spasms and tenderness. The patient's diagnoses included facet arthropathy of the cervical spine, cervical myofascial pain and degenerative disc disease of the cervical spine with occipital neuralgia. The patient's treatment plan included the continuation of medications and participation in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Norco (Hydrocodone/APAP 5/325) Bid #60, refill 2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-83.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: The requested Norco twice a day #60 with refills times 2 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain relief and functional benefit and is monitored by aberrant behavior. The California Medical Treatment Utilization Schedule recommends that continued use of medications be based on documentation of functional benefit, pain relief, managed side effects and medication compliance. Additionally, the clinical documentation does support that the patient is reassessed on a quarterly basis. Therefore, continuation of this medication would be supported. As such, the requested Norco (hydrocodone/APAP 5/325 mg) twice a day #60 with 2 refills is medically necessary and appropriate.

**Decision for Lyrica 75 mg #90, refill x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**Decision rationale:** The Physician Reviewer's decision rationale: The requested Lyrica 75 mg #90 with refills times 2 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. However, the California Medical Treatment Utilization Schedule recommends this medication for diabetic neuropathy or postherpetic neuralgia. The clinical documentation submitted for review does not provide evidence that the patient is diagnosed with either of these disease processes. Therefore, continued use would not be indicated. As such, the requested Lyrica 75 mg #90 with refills times 2 is not medically necessary or appropriate.

**Decision for Cyclobenzaprine 10 mg #60 refill times 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The Physician Reviewer's decision rationale: The requested Norco twice a day #60 with refills times 2 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain relief and functional benefit and is monitored by aberrant behavior. The California Medical Treatment Utilization Schedule recommends that continued use of medications be based on documentation of functional benefit, pain relief, managed side effects and medication compliance. Additionally, the clinical documentation does support that the patient is reassessed on a quarterly basis. Therefore, continuation of this medication would be supported. As such, the requested Norco

(hydrocodone/APAP 5/325 mg) twice a day #60 with 2 refills is medically necessary and appropriate.