

Case Number:	CM13-0041200		
Date Assigned:	12/20/2013	Date of Injury:	11/18/2005
Decision Date:	02/19/2014	UR Denial Date:	09/27/2013
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 Pain Management, has a subspecialty in Disability Evaluation 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 39-year-old female whose chief complaint is right-sided neck, right scapular, and right shoulder girdle, mid back and right upper extremity pain. The patient describes working as a supervising clerk for [REDACTED] when, while doing her usual and customary duties, which included typing, she had an onset of right-sided neck, shoulder and girdle pain on November 18, 2005. The treatment for her injury has been complex and has included both surgeries to the cervical spine as well as right shoulder. She describes undergoing C6-7 anterior cervical discectomy and fusion in 2010 and then a right shoulder rotator cuff repair and decompression in 2012. The patient states she has been evaluated for further surgery to her cervical spine. She has also been treated with physical therapy as well as injection therapy. The patient currently complains of pain in her upper extremity which is characterized as constant and sharp and associated with numbness. The pain is aggravated when ever using her right hand, right arm or turning her neck. On February 27, 2013 the patient underwent a C7 selective nerve root block, after which she experienced persistent pain. After the procedure the patient complained of increased pain affecting the posterior cervical area and right shoulder. She continues to have significant pain affecting the cervical spine that she describes as constant and radiating. The patient states that the pain will keep her from sleeping and wake her up at night. 04/12/13 [REDACTED] Report; Subjective: She had undergone what appears to be a C7 selective nerve root block prior to February 27, 2013 when she followed up with [REDACTED]. She had persistent pain after that procedure and reports increased pain affecting the posterior cervical area and right shoulder. Medication consists of hydrocodone and oxycodone. She continues to have significant pain. [REDACTED] recommends referral for a consultation for ongoing pain management. She r

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42, 60-63.

Decision rationale: CA-MTUS states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In addition Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. Cyclobenzaprine is recommended for a short course of therapy. The patient is prescribed Cyclobenzaprine Hydrochloride four times a day for 30 days #120 Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks. It appears Cyclobenzaprine is being used for chronic pain management and the guidelines does not support this. Therefore the request Cyclobenzaprine 10mg #30 is not medically necessary.

Percocet 10/3325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-91. Decision based on Non-MTUS Citation American Pain Society and the American Academy of Pain Medicine, in addition to review articles (see Dr. Ballantyne and Dr. Mao's review article from the New England Journal of Medicine.

Decision rationale: This patient's date of injury was 8 years ago. A pain contract is not mentioned in the records provided to this reviewer. In addition, these are both the same drug, Oxycodone (Norco and Percocet). Medical necessity for two of the same drugs of a different names has not been established. Discussion with respect to weaning, change in medications, orientation functionality, and benefit have not been documented. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, the requests for Percocet 10/3325mg #120 is not medically necessary..

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-91. Decision based on Non-MTUS Citation American Pain Society and the American Academy of Pain Medicine, in addition to review articles (see Dr. Ballantyne and Dr. Mao's review article from the New England Journal of Medicine.

Decision rationale: This patient's date of injury was 8 years ago. A pain contract is not mentioned in the records provided to this reviewer. In addition, these are both the same drug, Oxycodone (Norco and Percocet). Medical necessity for two of the same drugs of a different names has not been established. Discussion with respect to weaning, change in medications, orientation functionality, and benefit have not been documented. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, the requests for Norco 10/3325mg #240 is not medically necessary.