

Case Number:	CM13-0046471		
Date Assigned:	12/27/2013	Date of Injury:	08/08/2011
Decision Date:	06/03/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 expert 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 an employee of [REDACTED] and has submitted a claim for right shoulder pain with an industrial injury date of August 8, 2011. The treatment to date has included physical therapy, aquatic therapy, home exercise program, and medications, including Norco, Vicodin, medical tetrahydrocannabinol (THC), Hydrocodone 10/325 one (1) tab three (3) times a day, as needed for pain (started February 2013), and cyclobenzaprine (Flexeril) 10 mg one (1) tab TID three (3) times a day, as needed for spasms (started May 2013). A utilization review from October 31, 2013 denied the request for Hydrocodone 10/325 #90 and Flexeril, as needed. The request for hydrocodone was denied because there was sparse information as to the domains of ongoing opioid management. The request for Flexeril was denied because there was no evidence of failure of first-line therapeutic options and there was no documentation that treatment will be limited to a short-term treatment course. The medical records from 2012 through 2013 were reviewed, which showed that the patient complained of right shoulder pain radiating to the right neck with accompanying headaches and intermittent bilateral hand and finger numbness. The pain was exacerbated by prolonged sitting, lifting, driving, lying down, and any activities and was mitigated by medications. Hydrocodone was reported to decrease the patient's pain from 9/10 to 2/10 and allowed her increased functionality in her activities of daily living, including personal hygiene, food preparation, and basic home care. She also did not show any signs of misuse or abuse of the medication nor displayed aberrant behavior. No adverse reactions to hydrocodone were observed. Flexeril, on the other hand, decreased the patient's spasm pain from 8/10 to 3/10. The report also indicated that the patient failed non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, and conservative treatment. On physical examination, there was tenderness upon palpation of the right deltoid and shoulder, and right cervical paraspinal muscles and there were shoulder spasms. The right shoulder ranges of motion

were restricted due to pain. The right shoulder impingement signs including Hawkin's and Neer's were positive. There were no abnormal reflexes, and the muscle strength was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: The Chronic Pain Guidelines indicate that ongoing opioid treatment is not supported 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. In this case, the patient has been on opioids since February 2013 and was obtaining prescriptions from a single practitioner. The records also showed that the patient failed non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, and conservative treatment and that there was continued analgesia, continued functional benefit, a lack of adverse side effects and aberrant behavior. The patient is closely followed and the potential to wean is considered. The guideline criteria have been met, therefore, the request for hydrocodone 10/325mg #90 is medically necessary.

FLEXERIL AS NEEDED FOR SPASMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63.

Decision rationale: The Chronic Pain Guidelines indicate that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, although pain relief was documented, there was no documentation that treatment will be limited to a short-term course. The patient has been on Flexeril since May 2013. The guidelines also state that prolonged use of some medications in this class may lead to dependence and that efficacy appears to diminish over time. Therefore, the request for Flexeril, as needed for spasms is not medically necessary.