

Case Number:	CM13-0047114		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2012
Decision Date:	05/07/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational 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 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 applicant is represented [REDACTED], Incorporated employee who has filed a claim for chronic wrist and low back pain reportedly associated with an industrial injury of December 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; a left wrist ORIF (Open Reduction Internal Fixation) surgery, unspecified amounts of acupuncture; and muscle relaxants. In a utilization review report of October 4, 2013, the claims administrator approved request for Naprosyn, denied a request for Flexeril, and denied a request for Norco. Somewhat incongruously, the claims administrator approved Naprosyn, although it noted that the applicant had been using the medication since December 2012, but later discontinued Norco, stating that the applicant had not derived any benefit through the same. A handwritten note of February 26, 2013 is sparse, difficult to follow, not entirely legible, and notable for comments that the applicant was using Norco as of that point in time. The applicant was placed off of work, on total temporary disability, as of that date. On September 20, 2013, the applicant was given refills of Norco, Naprosyn, and Fexmid and again placed off of work, on total temporary disability. The applicant did report persistent wrist, thumb, and low back pain. A wrist ultrasound was sought on that date, along with pain management consultation to consider an SI (Sacroiliac) joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR 60 CYCLOBENZAPRINE 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using numerous other analgesic and adjuvant medications, including Naprosyn and Norco. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request for 60 cyclobenzaprine 7.5mg is not medically necessary, medically appropriate, or indicated here.

DECISION FOR 60 NORCO 2.5/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, none of the aforementioned criteria have seemingly been met. The applicant is off of work, on total temporary disability. The applicant has failed to return to work, several years removed from the date of injury. The applicant remains highly reliant on various medications and other forms of medical treatment. There has been no demonstration of improvement in function. For all the stated reasons, then, the request for 60 Norco 2.5/325mg is likewise not medically necessary, medically appropriate, or indicated here.