

Case Number:	CM13-0048083		
Date Assigned:	06/09/2014	Date of Injury:	12/04/2003
Decision Date:	07/30/2014	UR Denial Date:	10/25/2013
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 Physical Medicine & Rehabilitation 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 injured worker is a 60-year-old female with a reported date of injury of 12/04/2003. The mechanism of injury was not provided. The injured worker had an examination on 04/02/2014, with complaints of ongoing neck pain and arm pain. The injured worker reported that she has more limited activities due to her pain. She does have persistent muscle spasms, which she is taking Flexeril for, and she stated that it does not help with the spasms. The injured worker is also taking Norco, Prilosec, and Senna. The injured worker stated that her pain level without medication is 8/10 and with medication is 7/10. All of these medications do help her with her pain and normalization of her functions. She denied any side effects. There was no documentation regarding any previous physical therapy or a home exercise program. The patient did discuss her options, which would include living with her pain, physical therapy, chiropractic therapy, acupuncture, injections or surgery. She preferred to continue alongside the conservative lines of treatment, although there is no documentation of what the specific conservative treatments are, and the efficacy of them. The recommended treatment plan is for authorization for Omeprazole, Hydrocodone/APAP, Docuprene, and Cyclobenzaprine. There is no request for authorization or rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics/Cyclobenzaprine Page(s): 64.

Decision rationale: The California MTUS Guidelines recommend Cyclobenzaprine for a short course of therapy. The greatest effect appears to be in the first 4 days of treatment. The injured worker reported that the Cyclobenzaprine did not help with her muscle spasms. The recommended dose of Cyclobenzaprine is 5 mg 3 times a day and it can be increased to 10 mg 3 times a day. This medication is not recommended to be used for longer than 2 to 3 weeks. The request for the Cyclobenzaprine does not have specific directions as to duration and frequency. Therefore, the request is not medically necessary.

HYDROCODONE /APAP 10/325MG #90: 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): 74-80.

Decision rationale: The California MTUS Guidelines recommend that for ongoing monitoring of opioids, the 4 domains, which are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker did not show a whole lot of improvement with the efficacy of her medications. Additionally, there was not a psychosocial functioning deficit program or a psychological evaluation provided. There was no evidence of a urinalysis screen for the medication. The guidelines also require that a consultation of a multidisciplinary pain clinic if the doses of opiates are required beyond what is usually required for the condition, or pain does not improve in 3 months. There is no evidence that there has been any consultation with a multidisciplinary pain clinic and the opiates have been taken for longer than 3 months. Therefore, the request for Hydrocodone/APAP is not medically necessary.