

Case Number:	CM13-0051632		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2005
Decision Date:	05/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/14/2013

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 Medicine and is licensed to practice in Texas and Florida. 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 sustained injury on 9/1/2005. The diagnoses listed are cervicgia, neck pain, shoulder pain and muscle spasm. The patient has had two right shoulder surgeries, acupuncture treatments and physical therapy. A 50% reduction in symptoms was observed after completion of trigger points injections in 2013. The MRI dated 3/4/2013 showed spondylosis and osteophytes of the cervical spine. The current medications are listed as ibuprofen and Vicodin for pain, Lidoderm for pain, Flexeril for muscle spasm and Prozac for depression. The 10/02/2013 note by [REDACTED] indicated that the patient had a pain contract on file. The 10/2/2013 urine drug screening was consistent. The Pain Score (VAS) was 5/10 with medications and 9-10/10 without medications. There is a significant past medical history of treatment with methadone, Soma and OxyContin that resulted in addiction and dependency. The patient was treated for opioid addiction with detoxification treatment at Betty Ford Clinics.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,74-96.

Decision rationale: The California MTUS Guidelines recommend that the use of opioids be limited to short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is non responsive to standard nonsteroidal anti-inflammatory drugs (NSAIDs) and physical therapy. The records indicate that the patient has been on chronic opioid treatment for many years. The guideline also addressed the indications for discontinuation of chronic opioid treatment. The presence of aberrant drug behaviors, non-compliance, absence of functional restoration as measured by job loss or limitations with activities of daily living are indications for weaning from opioids. The presence of co-existing psychiatric conditions or medications can lead to increase in severe adverse effects and complications. The patient has a significant past history of opioid addiction and dependency with successful detoxification at the [REDACTED] Clinic. In this case, there is no indication of the intention to use Vicodin on a short term basis. Therefore, the requested Vicodin is not medically necessary or appropriate.

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,63-66.

Decision rationale: The California MTUS Guidelines address the use of antispasmodic and muscle relaxants in the treatment of muscle spasm associated with chronic pain. It is recommended that non-sedating muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations of symptoms that are non responsive to standard treatment with NSAIDs and physical therapy. Treatment with muscle relaxants should be limited to 2-3 weeks to minimize the risk of dependency and addiction associated with chronic medication use. This patient has been on Flexeril for more than one year. The patient has a past medication history of addiction to opioids and Soma. A successful detoxification treatment was done at [REDACTED] Clinic. The guideline recommends weaning and discontinuation of medication with risks of dependency and addiction in patients with a history of prior pain medications addiction and dependency. Therefore, the requested Flexeril is not medically necessary or appropriate.