

Case Number:	CM13-0053495		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2010
Decision Date:	05/16/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 patient is a 69-year-old male who was injured on 12/15/2010 while unloading a bed from the truck, the headboard fell approximately 9 feet and struck his head with injury to neck and left shoulder. Prior treatment history has included C4-5, C6-7 intralaminar epidural steroid injection Final Determination Letter for IMR Case Number CM13-0053495 3 05/22/2013 with 50% reduction in symptoms for three weeks. His current medications were as follows were Norco 10/325 mg, Zanaflex and Dendracin cream. He stated that the medications do help decrease his pain, decrease the spasms and improve his sleep. He states that the Zanaflex helps "a lot". He reports the Dendracin cream help to decrease the pain. He denies side effects to these medications. The medications listed as of 06/17/2013 are Norco, Zanaflex and Terocin cream. He states medications help decrease his pain and decrease his spasms. He denies side effects to medications. PR-2 dated 09/30/2013 documented the patient to have complaints of ongoing neck and left upper extremity symptoms. The patient does report radiation of pain down his left arm to his biceps. He rates his pain at 6/10 on the pain scale. He does report headaches to the posterior aspect of his neck. He reports past epidural injection on 05/22/2013 provided A50% relief for three weeks. He was able to decrease his intake of medications at that time. His current medications include Norco 10/325 mg 1-2 times a day, Flexeril 7.5 mg 1-2 times a day. He states medications help decrease his pain and decrease his spasms. He also reports improved sleep with the medication. He denies side effects to medications. The return visit questionnaire and the patient's pain diagram reviewed in detail with the patient. Objective findings on exam included the patient is alert and oriented, in no acute distress. Tenderness to palpation to the cervical paraspinals with spasm noted with left trapezius spasm. Range of motion of the cervical spine is decreased in all planes. Decrease sensation left C6 and C7 dermatomes. Motor exam 4+/5 deltoids, biceps, internal and external rotators, wrist extensors and flexors. The diagnoses are

multilevel HNPs of the cervical spine with stenosis, degenerative disc disease of the cervical spine, cervical radiculopathy, status post left shoulder surgery on 02/13/2012 and status post right carpal tunnel release. The request for authorization is for #60 Cyclobenzaprine 7.5 mg tablet, #90 Hydrocodone/APAP 10/325 mg, second intralumbar epidural steroid injection C4-C5 and C6-C7 and medications as outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CYCLOBENZAPRINE 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41,64.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the patient has been prescribed Flexeril on an ongoing basis. Chronic use of muscle relaxants is not supported by the medical literature or recommended by the guidelines. The addition of Cyclobenzaprine to other agents is not recommended. Recommendation is the non-certify the retrospective request for Cyclobenzaprine, as the medical necessity has not been established.

RETROSPECTIVE HYDROCODONE/APAP 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-83.

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

Decision rationale: According to California MTUS, Hydrocodone/Acetaminophen (Anexsia®®, Co-Gesic®®, Hycet®®, Lorcet®®, Lortab®®, Margesic-H®®, Maxidone®®, Norco®®, Stagesic®®, Vicodin®®, Xodol®®, Zydone®®; generics available) is indicated for moderate to moderately severe pain. It is classified as short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)."

The medical records do not demonstrate that opioid medication has provided clinically significant benefit. There is no indication that the opioid regimen allowed maintained return to work or clinically significant improved pain level and function. Also, there is no documentation of use of non-opioid analgesics and non-pharmacologic measures for pain control. Chronic use of opioids is not generally supported by the medical literature. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and Gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. The medical necessity of the retrospective request of Norco has not been established.

ONGOING FOLLOW-UPS WITH ██████████ FOR GENERAL ORTHOPEDIC COMPLAINTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Online Edition, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-172.

Decision rationale: The ACOEM guidelines state, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." According to the guidelines, "Physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation." The medical records do not establish the patient is pending surgical intervention or recently undergone surgery. It is reasonable that the patient's primary physician can manage the patient's care. The medical necessity for ongoing follow-ups for general orthopedic complaints, has not been established.

FOLLOW-UP IN EIGHT WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Online Edition, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-172.

Decision rationale: The ACOEM guidelines state, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." According to the guidelines, "Physical examination evidence of severe neurologic compromise that correlates with the medical history and test

results may indicate a need for immediate consultation." As stated above, the medical records do not establish the requested follow-up is medically necessary. The patient is not pending surgery and is not recently post-op. It is reasonable that the patient's primary physician can manage the patient's care. The medical necessity for specialty follow-up, has not been established.