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| Case Number: | CM13-0055291 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/02/2012 |
| Decision Date: | 06/04/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 67 year old female who reported an injury on 04/02/2012. The injured worker reportedly fell over a hoist at work landing on her hands and knees and striking her left shoulder and left side of her face. Per the clinical note dated 09/11/2013 the injured worker reported ongoing worsening pain across her left shoulder, left knee and the left side of her face. Objectively the injured worker was reported to have crepitus with passive range of motion to the left shoulder and knee, tenderness to palpation at the biceps tendon and AC joints bilaterally, and tenderness to palpation in the prepatellar bursa of the left knee. Per the clinical note dated 02/12/2013 the injured worker underwent trigger point injections to the back on 02/11/2013. The injured worker reported 35%-40% pain relief after the injections. Per the physical therapy note dated 12/02/2013 the injured worker had constant pain rated at 5/10. Abduction and flexion of the left shoulder were to 110 degrees. The injured worker was reported to have a positive Hawkin's test at the bilateral shoulders, a positive speed test to left shoulder and a positive McMurray's test bilaterally, all other diagnostic tests were negative. The diagnoses for the injured worker included right rotator cuff bursitis, chronic bicipital tenosynovitis, right knee internal derangement, chronic pain syndrome, left facial contusion with a strain of the Temporo Mandibular Joint (TMJ) joint, strain of the left shoulder, and strain/contusion of the left knee. The request for authorization for medical treatment was not included in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTISPASMODICS, 64.

Decision rationale: Per the CA MTUS Guidelines Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Side effects limit use in the elderly. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker reportedly utilized this medication as a sleep aid which is not a labeled use nor is this use recommended per the guidelines. In addition, the injured worker reportedly was utilizing this medication for longer than the recommended 2-3 weeks with a lack of documentation as to the effectiveness of the medication. Therefore, the request for cyclobenzaprine is not medically necessary and appropriate.

HYDROCODONE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

Decision rationale: Per the CA MTUS guidelines Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of Hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is necessary. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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 non-adherent drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation regarding the monitoring of this medication. There is a lack of objective or subjective documentation regarding the effectiveness or functional increases or side effects

related to the use of this medication. Therefore, the request for Hydrocodone is not medically necessary and appropriate.

ACETAMINOPHEN TOXICITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

Decision rationale: Per the CA MTUS Guidelines Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. Acetaminophen use is associated with hypertension but evidence from randomized controlled trials is limited. This risk is similar to that found for NSAIDs. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. There is a lack of documentation regarding the current use of Acetaminophen in addition to the amount in the Hydrocodone. The documentation provided reported the injured worker as using Hydrocodone/acetaminophen in a 5/500mg dose of no more than 3 tablets in a 24 hour period. If the injured worker is not taking additional acetaminophen or using additional doses of the opioid her daily acetaminophen intake would not exceed the recommended dosage. The medical necessity for toxicity monitoring cannot be established. Additionally, within the submitted request it was unclear what specifically is being requested. Therefore, the request for acetaminophen toxicity is not medically necessary and appropriate.