

<b>Case Number:</b>	CM13-0061023		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 50-year-old female with a date of injury of 05/24/2011. The listed diagnoses per [REDACTED] are: 1) cervical disk disease; 2) cervical radiculopathy; 3) status post right shoulder arthroscopy; 4) bilateral lateral epicondylitis; 5) bilateral carpal tunnel syndrome. According to report dated 11/20/2012 by [REDACTED], the patient presents with complaints of neck pain which he rates, on a pain scale, 9/10. The pain is described as constant with numbness and tingling radiating down to the upper back, to the head, down to the bilateral shoulders. There is limited range of motion of the shoulder with tingling sensation down the right arm. Examination of the cervical spine reveal there is moderate tenderness to palpation with muscle spasm noted over the cervical paravertebral musculature and right trapezius muscle. Axial head compression and Spurling sign are both positive bilaterally. There is facet tenderness to palpation over C4 to C7 levels. Cervical spine range of motion is decreased at flexion, extension, and right lateral rotation. Patient's current medications include Hydrocodone, cyclobenzaprine, ibuprofen, hydroxyzine HCL, temazepam, lorazepam, and Cymbalta

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 CYCLOBENZAPRINE HCL 7.5 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CYCLOBENZAPRINE (FLEXERIL®<sup>®</sup>, AMRIX®<sup>®</sup>, FEXMID®<sup>®</sup>, GENERIC AVAILABLE)  
Page(s): 64.

**Decision rationale:** This patient presents with chronic neck pain. The treating provider is requesting refill of cyclobenzaprine 7.5 mg #60. The MTUS Guidelines, page 64, state, "Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. Medical records indicate the patient has been prescribed Fexmid since 06/12/2013. MTUS does not recommend long term use of muscle relaxants. The requested Cyclobenzaprine is not medically necessary and recommendation is for denial.

### **120 HYDROCODONE BIT/ACET 10/325: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC OPIATE Page(s): 88 and 89.

**Decision rationale:** This patient presents with chronic neck pain. The treating provider is requesting a refill of hydrocodone-acetaminophen 10/325 mg #120. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A's (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior) is required. Furthermore under outcome measure, MTUS states, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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." Medical records indicate the patient has been taking Hydrocodone since prior to 05/10/2013, as the Urine Drug Screen (UDS) on this date revealed positive trace for Hydrocodone. Review of records from 04/12/2013 to 11/20/2013 does not provide any discussions on the efficacy of the medication in terms of pain relief or any functional improvement. In addition, the treating provider does not use a numerical scale to assess patient's pain as required by MTUS. No "pain assessment" or outcome measures are provided either. Given the lack of sufficient documentation warranting long term opiate use, the patient should slowly be weaned off of Norco as outlined in MTUS Guidelines. Recommendation is for denial.