

Case Number:	CM13-0068826		
Date Assigned:	01/03/2014	Date of Injury:	04/06/2004
Decision Date:	04/17/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 46-year-old male who was injured on 04/06/2004 while he was lifting a 4X4 foot sheet of plywood that fell and hit his left hand, striking him in the face and pushing him back. He landed on his buttocks on the floor. He states he lost his senses for a few seconds. A co-worker helped to get him up. Prior treatment history has included medications Quinapril, Lyrica 50 mg, cyclobenzaprine 7.5 mg, hydrocodone bit/apap 10/325 mg and Metformin 1000 mg bid. The patient has had a cervical spinal cord stimulator implant, cervical epidural injection, left suprascapular nerve injection, left hand trigger release and left hand carpal tunnel surgery. Pain Medicine note dated 10/25/2013 documented the patient to have complaints of neck pain that radiates to bilateral extremities. The patient's pain level is increased with average pain level of 8/10 with medications and 9/10 without medications. The patient complains of pain at the stimulator site. The patient reports activities of daily living limitations in the following areas: ambulation and hand function. Objective findings on exam included that the patient was noted to be oriented, alert/appropriate. He was observed to be in moderate stress. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at L4-S1 level. Lumbar myofascial tenderness was noted on palpation. Right hip revealed healed scar with positive tenderness. The diagnoses are: 1. Cervical radiculopathy. 2. Complex regional pain syndrome, left lower extremity. 3. Myalgia/Myositis. 4. Chronic pain, other. 5. Status post spinal cord stimulator explants secondary to infection. The treatment plan: Hydrocodone Bit/APAP 10-325 mg, Lidoderm 5% Patch (700 mg/patch), Lyrica 75 mg, and cyclobenzaprine 7.5 mg tablet. Pain Medicine note dated 12/20/2013 documented the patient to have complaints of neck pain that radiates bilaterally, left greater than right in the upper extremities that radiates bilaterally to the shoulders. The patient's pain is rated 8/10 in intensity with medications and 9/10 in intensity without medications. Objective findings

on exam included examination of cervical spine revealing spasm noted bilaterally in the trapezius muscles and bilaterally in the paraspinal muscles. Spinal vertebral tenderness was noted in the cervical spine at C5-7. There is tenderness noted in the bilateral paravertebral C4-7 area upon palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Hydrocodone 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-97.

Decision rationale: The medical records fail to show decreased pain or functional improvement attributable to hydrocodone use as standardized by the MTUS guidelines. The patient continues to complain of severe pain and has poor functioning. He is not working. Furthermore, the patient's symptoms are not corroborated by diagnostic studies. Medical necessity has not been established. Hydrocodone is non-certified.

One (1) prescription of Cyclobenzaprine 7.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cyclobenzaprine and Muscle Relaxants Page(s): 41 63.

Decision rationale: This is a request for cyclobenzaprine for chronic pain. Per MTUS guidelines, Cyclobenzaprine is not recommended for long-term use. From the medical record submitted for review, functional benefit has not been established. Therefore, cyclobenzaprine is non-certified.

One (1) prescription of Lyrica 75 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Lyrica and Section Anti-Epilepsy Drugs Page(s): 99,16-22.

Decision rationale: The medical records fail to show decreased pain or functional improvement attributable to Lyrica use as indicated in the MTUS guidelines. Further, neuropathic symptoms

are not corroborated by diagnostic studies. Medical necessity has not been established. Therefore, Lyrica is non-certified.